

(Training Material Supplement)
IMPLEMENTATION GUIDE
FOR CHCS S/W VERSION 4.41 MU1
FOR MRT

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1. INTRODUCTION.

The Composite Health Care System (CHCS) implementation process involves the coordinated effort of the Military Treatment Facility (MTF) and Science Applications International Corporation (SAIC). The plans, decisions and schedules developed by each department and service in the MTF are critical to the success of this effort.

Due to the individuality of each site and the special requirements of specific workcenters; this implementation guide has been developed as a working document for you. The material included represents the combined efforts of experienced professionals who have successfully activated CHCS at other sites. They share their knowledge and experience with you in the hope that others will not have to learn lessons the hard way or "re-invent the wheel."

The content is designed to provide a practical perspective of the implementation process. This is not a user's guide nor a functionality guide. We have attempted to highlight those areas which are most critical to the implementation process. The guide was specifically structured to be flexible in order to accommodate future updates, corrections, and enhancements as CHCS grows and develops. This flexibility will also allow the inclusion of additional information from your experiences and others involved in implementing CHCS by utilizing "Lessons Learned" from other implementations.

The following guidelines are a suggested means of implementation based on previous "lessons learned" (LLs). It is recommended that each facility use this guide as a reference to prepare an implementation plan that addresses site specific concerns.

1.1 PURPOSE OF THIS DOCUMENT.

This Implementation Guide provides a management-oriented view of the activities for the preparation, delivery, installation, data conversion, system testing, and workcenter activation for each functional area supported by CHCS. The plan spans the period from the initial site survey through Government acceptance of the complete, integrated system.

This implementation guide book is written to provide assistance and advice to on-site personnel when implementing CHCS. The most important determinant of a successful implementation is good planning and management. The MTF should be involved in the implementation process as soon as possible. This involvement will help them assume ownership of CHCS and will allow them time to determine the effect of the implementation upon their area. These effects may mean policy and/or procedural changes. The sooner the managers become familiar with the system, the more

time for them to evaluate the extent of changes (if any) that are necessary.

One of the best ways to give the MTF a feeling of ownership in their subsystems is to set up periodic meetings with site, SAIC, and service/CHCS-Program Office (PO) representatives to work, resolve and document implementation decisions, and update implementation plans accordingly.

SAICs responsibility, as the CHCS contractor, is to **FACILITATE** the installation by providing software development, software maintenance, site preparation, data conversion, training, and facilities management. HOW the users and MTFs **IMPLEMENT** and **USE** the system is up to the local Facility Commander and his/her management team.

The goals of the implementation guide are to assist the site to:

- a. Initiate team effort
- b. Implement the system efficiently with minimum impact on patient care, health care providers, and staff.
- c. Provide the capability for each MTF to manage/run their CHCS system independently.

Specific objectives include:

- a. To identify planning steps required to implement CHCS.
- b. To identify roles and responsibilities of the MTF and duties and responsibilities of members of the Implementation Team.
- c. To identify and describe certain activities and requirements associated with CHCS.

1.2 USE OF THIS DOCUMENT.

This implementation guide is separated into the phases a site progresses through when implementing a subsystem.

PLANNING

The planning phase is critical to the overall implementation process. The time devoted to identifying who, what, where and how will ensure a successful implementation of CHCS. This section contains information that is beneficial during the planning phase of implementation, including information regarding the up-front implementation decisions that should be made prior to training and File and Table activities beginning.

PRE-ACTIVATION

This phase requires specific tasks to be completed prior to activation in order to meet the activation schedule. The timelines/schedules for this period will be site/workcenter specific based on size, services, and requirements of the workcenter.

Activities that are required include:

- a. Completion of Site Prep
- b. Verification of hardware placement and software installation
- c. File and Table (F/T) Build
- d. Training of personnel.

An activation simulation should also take place prior to actual activation. This would include a walk-through of activation events based on departmental workflow.

ACTIVATION

This is the phase when all the plans and activities take effect. The time, effort, and commitment to the previous phases now becomes visible to all.

POST ACTIVATION

Once activation is complete, it is the responsibility of the facility to take over the management of CHCS, including maintenance of F/Ts and Continuing Training programs.

Each section will address activities needed in each phase to successfully implement CHCS.

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2. BRIEF OVERVIEW OF MEDICAL RECORD TRACKING.

CHCS Medical Record Tracking (MRT) is an automated means of managing, tracking and barcoding patient medical records. The subsystem also provides utilities for processing clinic requests for those records (pull list functions). During the deployment of CHCS to new facilities, MRT is being brought online concurrently with the Patient Appointment and Scheduling (PAS) module. This is due to the fact that when the MTF leaves the computer system they are currently using, if any, they also lose their previous way of pulling medical records for scheduled clinic appointments. MRT fills that need and enhances the fileroom's ability to keep track of the patient records.

The fileroom is able to create the MRT record (an electronic representation of the physical record) for any defined record type other than inpatient and print a barcode label with the use of a special thermal printer (Intermec 3000). These labels may then be read with the use of a barcode reader, which is connected to the user terminal. The electronic record is then tracked from fileroom to borrower and back again. Clinics may also charge records to their own clinic or to other clinics through the use of the readers and a special secondary menu option. The fileroom also receives record requests from clinics either via scheduled PAS appointments or through individual electronic requests for the record. ****NOTE:** Inpatient labels are only created during an admission. These are system-generated and are tied to the individual admission.

MRT pull list functions interface with PAS schedules and profiles to determine how many days in advance of the patient appointment the record is needed and which patients have appointments for those days. The system then determines whether the MRT records have been created for those patients. The module provides a utility by which the records needing MRT labels may be mass created and batches of labels may be produced.

Through the use of the System Definition menu, the fileroom supervisor may set up certain parameters unique to the fileroom, such as the number of days before a record is considered to be overdue after having been charged to a borrower. Once these parameters are set, the Management Reports Menu provides canned reports to aid in the management of the fileroom and its records.

Once the MRT system is implemented, the amount of time spent searching for records, trying to track lost records, printing and sorting clinic schedules, and dealing with requests at the counter is greatly reduced. Further, user keyboard input is reduced by the use of the barcode reader. If properly utilized, MRT can provide the filerooms with software which enhances the workflow they have already established and helps it to run more efficiently.

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3. IMPLEMENTATION OF MRT.

The following section will cover some of the general issues involved with the activation of the MRT subsystem. In this section you will find menu diagrams with security keys noted, descriptions of the security keys, bulletins and mail groups associated with MRT, the strategy of activation, some of the issues which must be taken into consideration when building and implementing MRT and a checklist to follow during the process. At the end of this section, there are two matrices for the site's use in establishing menu/security key/fileman access code/mail group assignment and in assigning the RTFR(1-25) security keys to filerooms. These keys are shared with Radiology Image Tracking.

In order to explain the implementation issues and put them in perspective, the framework for MRT implementation is outlined below:

- a. Plan is discussed with the site personnel.
- b. Point of Contacts (POCs) for MRT data collection and analysis are identified. These POCs are:

CHCS Project Officer	_____
CHCS Administrator	_____
Facility Training Coordinator	_____
Site File/Table POC	_____
Site PAD Dept POC	_____
Site MRT Dept POC	_____
Site Outpt Supervisor	_____
Site Inpatient Supervisor	_____
Branch Clinics Supervisors	_____
Occ. Health Supervisors	_____
Dental Cmd. Supervisors	_____
Implementation Specialist	_____
- c. Demonstrate software and train POCs.
- d. Discuss and distribute data collection forms. These files will be built on site with the assistance of an Implementation Specialist.
- e. Determine status of the Common Files. Record rooms must be in as Hospital locations and clinics must also be in as Hospital locations or there will be no borrowers.
- f. Formulate training and activation schedules.
- g. Train end users.
- h. Build MRT files.

- i. Activate first record room. Continue activating until all identified record rooms are on line and have received implementation assistance.

3.1 ACTIVATION STRATEGY AND OPTIONS.

MRT is currently being implemented as part of the initial installation at new sites in conjunction with the PAS module. The primary reason for this is to give the site the capability to continue to pull records as they have done with their previous computer system, if any. The MRT functionality is dependent upon (a) Common Files build completion and (b) Patient file entry completion. The common files build is important to ensure that the filerooms are in the HOSPITAL LOCATION file and that the borrowers have been built into one of the following files: PROVIDER, WARD LOCATION, MEDICAL TREATMENT FACILITY, MEDICAL CENTER DIVISION, HOSPITAL LOCATION, or ADDITIONAL MEDICAL TREATMENT FACILITY. The RT FILEROOM SPECIFIC LOCATIONS and other needed ADDITIONAL MEDICAL TREATMENT FACILITY file entries will be built during the MRT file and table activities. Patient entries must be populated either through manual entry or through a conversion process. Outpatient record initialization is not used with new sites, because not all necessary fields have been populated through the conversion and/or the patient is being added manually with the record created simultaneously.

Although it is preferable to bring up MRT either just before or at the same time as the PAS module, it may be activated alone or in conjunction with any other functionality. If PAS is online, the full spectrum of MRT may be used, including pull list functions. If PAS is not online or if the clinics are being brought up in a staggered activation sequence, MRT functions will be limited until such time when all clinics are online with PAS and pull lists are fully representative of actual records needed by clinic. It is recommended to bring MRT online in the first outpatient fileroom simultaneously with the first outpatient clinic. Special considerations MUST be given if MRT is activated with PAD before PAS is activated. When MRT is activated prior to PAS the MRT Interface Status, in the Record Tracking System Parameters (MRM>SD>OVR), MUST be set to "DOWN".

After the initial activation of the first outpatient fileroom, subsequent filerooms may be brought online in either immediate succession of each other or as the clinics come up in that remote site or ancillary service (such as in the case of dental and consult control filerooms). The activations are driven by: device availability, telecommunication connectivity, site needs, clinic activation, and the approval of the site project office in conjunction with SAIC operations staff. Each fileroom should receive one to two weeks of implementation assistance, in an ideal situation, to include patient registration, MRT record creation, pull list functions, record transfers, management reports and device usage.

Before or during activation, the site should devise a policy for problem reporting and resolution. A help desk or trouble call number should be published to the users along with a plan of how the calls will be dealt with.

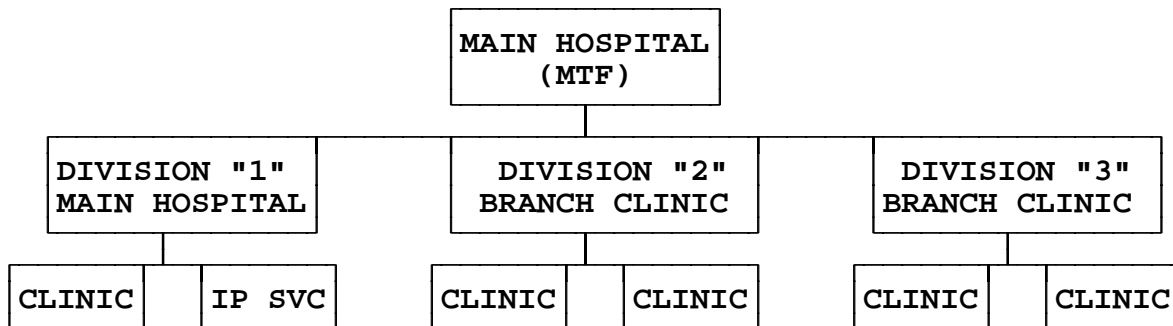
Below is a recommended timeline for MRT fileroom activation. It is recommended that at least one fileroom be activated each week until all surveyed filerooms are online. The activation schedule will only include filerooms which have been surveyed and which have devices ordered for them. Any additional filerooms must be surveyed, have drops installed, have additional devices ordered and have personnel resources requested for coverage. This usually will involve a Statement of Work (SOW) or other modification to the Delivery Order (DO).

DAY	POCs	ACTIVITY
AD= ACTIVATION DAY		
AD-35	SAIC MRT ITL	Arrive on site, test TDB, meet POCs, prepare for demo, begin formulating activation plan for sequence of all fileroom activations.
AD-30	SAIC MRT ITL Site POCs	Demo MRT, train POCs.
AD-21	SAIC MRT ITL/IS Site POCs	Data Collection meetings, begin distribution and filling out forms, train MRT supervisors (1st fileroom)
AD-14	SAIC MRT ITL/IS Site POCs	Training continues (clerks), data analysis begins.
AD-7	SAIC MRT ITL/IS Site POCs	Training continues, build and analyze files, prep for activation.
AD-3	SAIC MRT ITL/IS	Training continues, QA MRT files.
AD	SAIC MRT ITL/IS Site POCs	Activation day (1st fileroom). Training is ongoing for next fileroom.
AD+	Activations continue at the rate of 1-2 filerooms per week, depending on the activation schedule agreed upon by all parties and upon resources available. Training is ongoing during this time. See also Section 3.2.	

Some of the items which will need to be taken into consideration during the meetings and decision making process are listed below:

- a. What is the current workflow? How can it be improved/enhanced with the use of MRT?
- b. Who will be responsible for putting the new or revised policies into place?
- c. What filerooms were identified to be activated?
- d. Some filerooms may be at remote sites. When will connectivity to these areas be established? This will have a direct impact on the activation schedule.
- e. What Label Formats (borrower, charge out/routing card, chart request, inpatient, outpatient) will be used? (MTF and all divisions must agree on certain labels such as Outpatient standard label and Borrower standard label).
- f. PAS Patient Record Pull/Radiology Record Pull parameters must be set according to whether clinic wishes records to appear on fileroom pull list.
NOTE: Radiology parameter should be set to 'YES' so that other record types, such as Occupational Health, will appear on pull lists in the appropriate record room. Clinic and fileroom POCs must agree on pulling records for the clinic. At some sites, this has been a point of contention, as the fileroom did not pull for that clinic in the past. Clinic should decide how far in advance they need the record pulled, taking into consideration the overdue days parameter which the fileroom will set.
- g. Is Common Files build complete? If not, what is the target completion date?
- h. How will the remote sites get their data collection information to the data entry POC? Is there a 'guard mail' system in place?
- i. Are there any borrowers or borrower types which will not be allowed (such as Medical Center Divisions) to borrower MRT records?
- j. What is the due date for getting the information back to the POC? How much time will be needed to analyze prior to data entry?

One of the important concepts to understand before beginning implementation is the divided workcenter concept. How the MTF is organized can effect the implementation plan.



MTF: Medical Treatment Facility

DIVISION: An organization that shares common data and files within the same CHCS.
An MTF can have multiple divisions.

All facilities will have at least one division. Depending on the organization of the facility additional divisions may be defined. The division supporting inpatient services (or, in the case of multiple inpatient facility sites, the designated host MTF) usually is in control and is the first to activate followed by the branch clinics/other divisions. The data base can be built for the main division, and as the branch clinics approach activation, their data is entered. Alternatively, the site could choose to build the data base for the entire MTF at one time. However, for the purposes of MRT, all divisions, hospital locations, and providers should be entered up front **before the first activation**. The reason is that file areas need to be defined as hospital locations, attached to a division, and providers and clinics need to be available as borrowers.

Installation Tasks:

- a. Site Survey: Each site receives a site survey which assesses device placement needs, wiring needs, training requirements, and data base requirements.
- b. Site Preparation and Installation Plan: A delivery order proposal is prepared from information gathered during the site survey.
- c. Site Preparation: Wiring is completed. Device drops are placed. Communication lines are tested both locally and to remote locations. Software is installed. User devices are installed and tested.
- d. File and Table Build: Data to customize the system to the MTF is collected. Data is analyzed, entered into CHCS and certified for 'go live'.

- e. Training: Training is given to key managers and general users no more than 30 days prior to beginning to use the system.
- f. Workcenter Activation: System is released to users and period of performance begins.
- g. Acceptance: A 30-day period of performance is held prior to MTF acceptance of the module.

3.2 IMPLEMENTATION ISSUES.

One of the biggest drawbacks thus far in activating MRT at new sites has been an inadequate number of filerooms identified in the initial site survey. When the Implementation Team Leader (ITL) for MRT arrives and begins to put together a plan for training and activating the filerooms, suddenly there is a rush of filerooms 'coming out of the woodwork' to be activated. The negative impact of this manifests in; inadequate number of devices, lack of IS resources, reworking of training room schedule by site training staff, crisis management on the part of operations to get the devices and put them in place, crisis management on the part of the site to get drops for the devices installed, and many other smaller repercussions. Therefore, the following suggestions are listed to aid in avoiding these problems:

- a. Review the site survey early on, if possible. Look at the total number of outlying facilities attached to the MTF. Note also any tri-service facilities. (At Tidewater there were three hospitals: NH Portsmouth, Langley AFB, and McDonald ACH, all with outlying clinics.) In the facilities listed, how many record rooms were identified? Were they each surveyed for outpatient, inpatient, dental, active duty/staff, reserve, occupational health, and consult? These must be taken into consideration whether or not all the filerooms surveyed decide they wish to use MRT. This will help the site to avoid a last minute scramble to find resources to activate 'forgotten' record rooms. Also, in the case of the filerooms wishing to use MRT pull list functions (mainly outpatient record rooms), if they are not built through the common files PRIOR TO the first fileroom activation, the pull list functions may not work for filerooms built during subsequent file and table activities. The primary reason for this is that since the fileroom did not exist, it was not listed as an outpatient record home location in the patient file entries and therefore no pull/batch list entries will be generated for any patients.
- b. If no filerooms are built through the common files prior to the activation of the first clinic, regardless of the MRT activation plan, users will have no

available choices for the patient registration field
'OP RECORD HOME LOCATION.'

- c. POCs for the MRT file and table build should be the first MRT users to be trained, followed by the supervisors then clerks for each record room in succession, by activation date. It is preferable to have a demo for all concerned decision makers, then hold a training class for the POCs, then begin file and table activities.
- d. Regular meetings must be scheduled during the entire file and table process for all POCs.
- e. Regular meetings must be held with the site and with SAIC site operations staff. These are generally in the form of an Implementation Team meeting.
- f. SAIC site operations staff should be provided with a copy of this guide as well as any available information on the installation of MRT related devices.
- g. Each outpatient fileroom needs VTs with barcode readers attached, one to two LA75s (for printing reports and text), at least one DataSouth (for printing charge/out cards and request notices), at least one Intermec barcode printer. Other types of filerooms do not necessarily need the DataSouth printer, since they usually do not generate pull lists and use the charge cards as frequently as outpatient filerooms.
- h. Adequate media must be ordered by the site ahead of the first activation. This includes standard computer paper, 3x5 continuous feed card forms, and label stock for the Intermec.
- i. The interface for the embosser (or addressograph) should be set up prior to the activation by at least one day.
- j. Users must have access/verify codes, primary menus, security keys and fileman access codes assigned prior to day one of their fileroom activation.
- k. Handouts and other informational material (such as pocket reference guides) should be standardized and agreed upon by the site prior to the first fileroom activation.

3.3 IMPLEMENTATION CHECKLIST.

The following list contains items, other than files, that should be reviewed and have appropriate action taken.

COMPLETE	ITEM
_____	Copy of site survey provided to MRT ITL for the following to be checked: total number of record rooms to be activated is accurate, and adequate numbers of MRT devices have been ordered.
_____	Site is aware of types of media used for MRT devices and has ordered adequate supplies.
_____	Points of contact for MRT have been identified, phone list compiled. Include POCs for MRT at remote sites, dental command, occupational health, and any other department which will use MRT, but which needs to have input into decisions affecting all areas. Also include POC for user entry.
_____	MRT demo is scheduled and given to site MRT POCs and site project office POCs.
_____	Any policy changes which may need to occur prior to the beginning of activation have been identified and will be communicated to the users by the site.
_____	MRT POCs are trained. Data entry POC is identified.
_____	Location (terminal) for data entry is identified.
_____	MRT users to be trained are identified. Remember to include ER and night/weekend watch/duty personnel who may be allowed to track records.
_____	User matrix is completed for each fileroom.
_____	Data collection forms are explained and distributed.
_____	Training schedule is in place.
_____	Printouts of Hospital Location, Ward Location, Provider, Additional MTF, and MTF files are obtained.

- _____ Weekly meetings are planned for the pre-activation/post-activation period.
- _____ If this is a tri-service site, the three services have meetings scheduled to suit the needs of all to discuss shared parameters.
- _____ Assignment of RTFR keys for filerooms is decided upon (in conjunction with all services and with Radiology).
- _____ An activation date for each record room has been identified.
- _____ MRT Personnel are trained and have:
access/verify codes, primary menu, file manager access codes, and security keys.
- _____ Devices and addressograph interface are installed and certified ready at least one day prior to activation.
- _____ MRT files are built and certified
(see pg 4-20).
- _____ Patient Administration System (PAD) parameters for addressograph, DG TRANS-CREATE, and DG LBL-PRINT are set up.
- _____ Arrangements complete for printing/pick up of reports which are scheduled to print overnight or large reports that print in the computer room.
- _____ Site plans to document and resolve system errors are available and known to the users.
- _____ Site POC phone numbers are given to the users to call if they have CHCS related questions.
- _____ Standardized handouts are available for distribution.

Create a Mail Group to communicate problems and or ideas during activation. This group can be use post activation to communicate with MRT users.

3.4 MENU ASSIGNMENT, SECURITY KEYS, AND FILE MANAGER ACCESS CODES.

Prior to activation of the MRT subsystem, users must be assigned their access and verify codes, primary menu, file manager access codes, and security keys.

The following diagram of the MRT subsystem menus shows each option. If a menu or option is locked by a security key it is noted (***SECURITY KEY NAME***). Security keys are codes that 'lock' access to certain menus and functions. If a menu or option is 'locked' a user must be assigned the appropriate security key to be able to access the function. This information is useful when deciding which users should have access to the system options.

MRT PAD SYSTEM MENU DIAGRAM

MRM Medical Records Menu [RT MRT-SUPER]
 TM Transaction Menu [RT TRANS-MENU]
 PL Pull List Functions Menu [RT PULL-MENU]
 RR Request Record Menu [RT RTQ-MENU]
 IN Record Information Menu [RT INQ-MENU]
 MA Management Reports Menu [RT RPT-MENU]
 FE Transfer/Retire Menu [RT TRANSFER-RETIRE MENU]
 LOCKED: RT TRANS-RETIRE
 SD System Definition Menu [RT SYS-MENU] LOCKED: RT SYS

TM Transaction Menu
 OT Charge-Out Record [RT TRANS-CHARGE-OUT]
 IN Check-In Record [RT TRANS-CHECK-IN]
 MR Move Records to Another Fileroom [RT TRANS-MOVE]
 CV Create a Label/Record/Volume [RT TRANS-CREATE]
 FR Flag Record as Missing [RT TRANS MISSING]
 PC Patient Check-Out [RT TRANS-PATIENT]
 PR Print Routing/Charge Cards [RT TRANS-PRT-RC]
 RE Re-Charge Records [RT TRANS-RE-CHARGE]
 DR Delete a Record [RT TRANS-DELETE] LOCKED: RT DELETE
 AC Inactivate/Re-Activate Records [RT TRANS-INACTIVATE]
 TR Facility Transfer [RT TRANS-TRANSFER]
 UR Update Record's Attributes [RT TRANS-UPDATE]
 OR Record Initialization [RT SM-RECORD-MENU]
 LOCKED: RT INIT
 CB Create Batch List [RT SM-RECORD-BATCH]
 LI List Batch Entries [RT SM-RECORD-PRINT]
 NR Create New Records/Print Labels
 [RT SM-RECORD-CREATE]
 EB Delete Entire Batch [RT SM-RECORD-DELETE-BATCH]

PL Pull List Functions Menu
 PT Print Pull List(s) [RT PULL-LIST-PRINT]
 BR Batch Record Creation Menu [RT BATCH LABEL MENU]
 IN Create Batch and Pull List from Schedules
 [RT BATCH LABEL INITIALIZE]
 PP Print Batch List [RT BATCH LABEL PRINT]
 EB Delete Entries From Batch [RT BATCH LABEL EDIT]

CR Create Records From Batch [RT BATCH LABEL CREATE]
RL Reprint Label Batch [RT BATCH LABEL REPRINT]
OU Charge Out Pull List Records [RT PULL-CHARGE-OUT]
DN Designate Requests as 'Not Fillable'
[RT PULL-NOT FILLABLE]
TE Create a Pull List [RT PULL-CREATE]
AP Add Requests to Pull List [RT PULL-ADD]
FR Cancel Request from Pull List [RT PULL-CANCEL-REQUEST]
EC Edit Pull List Comment [RT PULL-COMMENT]
HA Change Pull List Date [RT PULL-CHANGE DATE]
NT Entire Pull List Cancellation
[RT PULL-CANCEL-PULL-LIST]

RR Request Record Menu
CR Cancel a Request [RT RTQ-CANCEL]
DR Display Request [RT RTQ-DISPLAY]
ER Edit a Request [RT RTQ-EDIT]
FR Fill a Request [RT RTQ-FILL]
NO Designate Requests as 'Not Fillable'
[RT PULL-NOT FILLABLE]
PR Reprint a Request Notice [RT RTQ-REPRINT]
RA Request a Record [RT RTQ-REQUEST-REC]

IN Record Information Menu
CD Combination Data Trace [RT INQ-COMBO-TRACE]
RI Record Inquiry [RT INQ-INQUIRY]
SR Short Record Inquiry [RT INQ-SHORT]
TM Trace Movement History [RT INQ-TRACE]

MA Management Reports Menu
AD Ad Hoc Request Response Statistics
[RT RPT-REQUEST- TIME]
CL Charged Records By Home Location [RT RPT-HOME-LIST]
LF Loose Filing Report [RT RPT-LOOSE]
ML Missing Records List [RT RPT-MISSING]
OV Overdue Records List [RT RPT-OVERDUE]
PE Pending Request List [RT RPT-PENDING-REQUEST]
RE Records Charged to a Borrower [RT RPT-BORROWERS]

FE Transfer/Retire Menu [RT TRANS-RETIRE]
LOCKED: RT TRANS-RETIRE
CL Create List for Record Transfer/Retire
[RT TRANSFER-RETIRE CREATE LIST]
EL Edit Transfer/Retire List
[RT TRANSFER-RETIRE EDIT LIST]
DL Delete Transfer/Retire List
[RT TRANSFER-RETIRE DELETE LIST]
PR Process Transfer/Retire List
[RT TRANSFER-RETIRE PROCESS]
LI Print Transfer/Retire List [RT TRANSFER-RETIRE LIST]

SD System Definition Menu [RT SYS] LOCKED: RT SYS
COM Re-Compile Templates [RT SM-RECOMP] LOCKED: RT SITEMGR
FSU File Room Set-up [RT SYS-FILE-AREA]
LFM Label Functions Menu [RT SYS-LABELS]

LF	Label Formatter [RT LBL-FORMATTER]
TL	Test Label Format [RT LBL-TEST]
TYS	Type of Record Set-up [RT SYS-RECORD TYPE]
APP	Application Set-up [RT SYS-APPLICATION]
BSU	Borrower Set-up [RT SYS-INDIVD-BORROWERS]
SPL	Locations Specific to Record Tracking [RT SM-SPECIFIC- LOCATIONS]
AMF	Additional MTF Facilities Add/Edit [RT TRANS-NON MTF]
OVR	Record Tracking System Overall Parameters [RT SM-OVERALL] LOCKED: RT SITEMGR
INI	Initialization Menu [RT SM-REC-MENU]
RE	Initialize Inpatient Records (NO LABELS) [RT SM-REC-INIT]
IB	Borrower Initialization [RT SM-REC-BORROWERS]
RES	Reason File Set-up [RT SYS-REASONS]
MTS	Movement Type Set-up [RT SYS-MOVEMENT]
WER	Print Borrower Barcode [RT SYS-PRINT-BOR]
PUR	Queue Purge Background Job [RT PURGE PARAMS]

Primary Menu Assignment:

All users are assigned a primary menu. When the user signs on to the system this is the menu that is displayed. It is recommended that all filerooms personnel be given a primary menu of DG REGISTRATIONS MENU. However, depending on the user's function within the department a different primary menu could be assigned. Other Primary Menu that could be assigned: MailMan (XMUSER) with the Medical Records Menu (RT MRT-SUPER-MENU) as a Secondary menu or if the clerk will ONLY work in the Transaction Menu assign the File Clerk Menu (RT MRT-FILE-CLERK-MENU).

Secondary Menu Assignment:

All users have a secondary menu. This menu hidden, and to see it you must type "??". This menu contains such items as MailMan, OLUM, Halt, and Restart. The user may type in the menu text or mnemonic at any menu option prompt without first displaying this menu. If any additional options are required by the user that are not on the user's primary menu, they may be assigned as a secondary menu. There are several secondary menu options that can be helpful for the records room users, i.e.: SD Display Patient Appointments, DG Registrations Mini, RT SYS-PRINT-BOR (Print borrowers labels).

File Manager Access Code:

The User file also contains a field that determines the **File Manager Access Code** for the MRT users. These codes will allow the user to read, write, delete, LAYGO [Learn (add) As You Go] entries to files through the MRT options.

Each subsystem within CHCS has specific file manager access codes. Lowercase usually permits read-only access (Clerks). Uppercase usually permits both read and write (Supervisors).

MRT Supervisory Personnel (SUPERVISORS): 'Kk'
MRT Non-supervisory Personnel (CLERKS): 'k'
All MRT Personnel who will register patients: '&'

NOTE: Several files can be LAYGO to by users that have the "K".
Care should be taken to limit the number of users with the "K".

Mail Groups:

MRT uses two mail groups for missing record bulletins and deleted record bulletins. The names for these will be determined and the groups set up during data collection and file and table build. Any user who should get these bulletins should be added as members of the two mail groups. **NOTE:** The bulletins will also be sent to any holders of the RT MRT-FR-SUPER security key.

Security Keys: Some options are locked with security keys and unless the user has this key this option is inaccessible.

<u>KEY NAME</u>	<u>DESCRIPTION</u>
RT SITEMGR	This key should be assigned to one MRT POC. This key controls the MRT Recompile Templates (COM), Initialization Menu (INI), and the Record Tracking System Parameters (OVR) options. These options are only used during the initial file and table build process.
RT SYS	This key should be assigned to the MRT POC(s) allowed to edit MRT system parameters. This key controls the MRT System Definition Menu (SD).
RT DELETE	This key should be assigned to all users allowed to delete MRT records. This Key controls the MRT Delete a Record (DR) option. Holder automatically receives RT RECORD DELETION bulletin.
RT MRT-FR-SUPER	This key should be assigned to all File Room Supervisors, and perhaps one or two backups. This key controls the ability to cancel and edit record requests, flag records as "missing", remove "missing" flags (if the parameters are set so that only filerom supervisors may remove missing flags). Holder automatically receives RT ATTEMPT-ON-MISSING-REC bulletin.
RT MRT-FR-STAFF	This key should be assigned to all MRT staff, including supervisors.
RT INIT	This key should be assigned to all filerom users who will need the OR Record Initialization option. This option is not used at new sites.
RT TRANS-RETIRE	This key locks the Transfer/Retire Menu and should only be given to filerom personnel who will be responsible for transferring or retiring records to holding areas or other archive facilities.
RTFR1-25	These keys are for the filerooms to use in securing access to their filerom. These 25 keys are shared with Radiology Image Tracking.
DIOUT	This key locks the user' ability to print, search, or inquire to file entries and to list file attributes through FileMan or Ad Hoc report menu paths.

BULLETINS

RT ATTEMPT-ON-MISSING-REC

This bulletin is sent to the Missing Record mail group when any movement is attempted on a record which has been flagged as missing. Also sent to all holders of the RT MRT-FR-SUPER key.

RT MISSING RECORD

This bulletin is sent to the members of the Missing Record mail group when a record has been flagged missing. Also sent to all holders of the RT MRT-FR-SUPER key.

RT RECORD DELETION

This bulletin is sent to the Deleted Record mail group when a record has been deleted from the system. Also sent to holders of the RT DELETE key.

RT RECORD FOUND

This bulletin is sent to members of the Missing Record mail group and all holders of the RT MRT-FR-SUPER key when a missing flag on record is removed.

SAIC/CHCS Doc. TC-4.4-0579
18 Sep 1995

The following form may be used to plot the assignment of security keys and mail groups for medical record tracking department users.

MTF: _____ POC: _____
DIVISION: _____ Phone#: _____
FILE ROOM: _____

USER NAME	SUPERVISOR	STAFF	FILE MANAGER ACCESS	SECURITY KEYS								MAIL GROUPS	
				RT MRT FR SUPER	RT MRT FR STAFF	RT DELETE	RT SYS	RT SITEMGR	* RTFR 1-25	RT TRANS- RETIRE	RT INIT	DELETE	MISSING

Note: Assign the key(s) that are assigned to the records rooms the user works in.

Recommended assignment of File Manager Access Codes (FMA) and Security Keys (SC)

User	FMA	SC
Supervisor	Kk&Dd	RT MRT-FR-SUPER, RT MRT-FR-STAFF, RT DELETE, RT SYS, RT TRANS-RETIRE, RTFR1-25, and for F/T Build RT SITEMGR which should be removed after F/T Build is completed.
Staff	k&d	RT MRT-FR-STAFF, RT DELETE and RT TRANS-RETIRE can be given to the lead staff users

NOTE: If there are problems with the PAD Clerks creating records in MiniReg assign the RT MRT-FR-STAFF key to the CV option.

Assignment of RTFR keys

Use the following matrix to track assignment of RTFR1-25 security keys which lock filerooms for both Radiology Image Tracking and PAD MRT. Only one fileroom per key should be used. Only holders of the key may access record/image tracking in that fileroom/filmroom. Check the subsystem which will use this key.

Key Name	File/Film Room Name	MRT?	IT?
RTFR1			
RTFR2			
RTFR3			
RTFR4			
RTFR5			
RTFR6			
RTFR7			
RTFR8			
RTFR9			
RTFR10			
RTFR11			
RTFR12			
RTFR13			
RTFR14			
RTFR15			
RTFR16			
RTFR17			
RTFR17			
RTFR18			
RTFR19			
RTFR20			
RTFR21			
RTFR22			
RTFR23			
RTFR24			
RTFR25			

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4. PRE-ACTIVATION.

This section will cover everything which needs to be accomplished prior to the activation of the first fileroom. Included in this section are basic information about files, sample data collection forms and instructions, and information about the certification of the data base for readiness.

4.1 BUILDING THE DATA BASE.

It is important to understand the classification of the files with which MRT interacts and the sequence in which information is entered into these files before beginning. Read through all sections carefully before beginning any file build activities, and use this section as a reference during the F/T build.

Prior to the beginning of the F/T build process for MRT, the common files build must be completed. In addition, if pull list functions will be used, the PAS F/T build should include the building of patient record pull parameters before the pull lists are run for the first time in order to ensure that output is produced.

Any data entered into the files must be carefully analyzed before doing so and should be printed out afterward for documentation purposes. It is recommended to build files in the Training Data Base prior to doing so in the production environment if such resources are available. Doing so can greatly reduce the number of mistakes or inconsistencies in data entered in the production environment. It is also good practice for the POC who will do the data entry.

The data entry POC should attend training in both the functionality and in the F/T build process for that functionality. The greater the level of understanding of the files and file relationships, the greater the level of data accuracy in the data base will be.

4.1.1 File Categories.

All CHCS files are classified into one of the categories described below.

GROUP 1

Group 1 files are installed with entries which contain standard DOD/MILDEP data which has been supplied by the Government or is considered the standard in medical/hospital care. The entries are considered universal and will be required at each MTF regardless of size.

The entries in these files can be revised by SAIC only after authorization by the Government. Generally, changes to these entries can be made only by filing System Change Requests (SCRs).

GROUP 2 FILES

Group 2 files are referred to as site-specific files. These files can be customized by you to meet the organizational and operational needs of your MTF.

The Group 2 files are further divided into the following three categories:

- Group 2A: These files contain entries supplied by SAIC. You can modify the existing entries or add new entries.
- Group 2B: These files contain entries supplied by SAIC or other sources which cannot be modified. You can add new entries but CANNOT modify existing entries.
- Group 2C: These files are installed with the file structure in place but contain no entries. You will build these files on site from data gathered at your MTF.

GROUP 3 FILES

Group 3 files are installed containing no entries. Entries are generated through interactive use of the system by the users. These entries represent historical and patient-specific data resulting from patient visits, diagnoses, and treatments.

GROUP 4 FILES

Group 4 files are referred to as Administrative/Systems files and contain entries which facilitate reporting, administrative, and technical software and hardware functions.

4.1.2 Common Files and MRT.

The following is a list of common files which are used by the MRT subsystem. Common files are files shared by all functionalities within the CHCS system. Data entry by MRT is not necessary for these files. They will be built by the site common files POCs in cooperation with the SAIC Common Files ITL.

<u>FILE</u>	<u>FILE #</u>	<u>DESCRIPTION (including classification)</u>
USER	3	Demographic data for anyone authorized to use CHCS. Contains FileMan access, primary menu assignment, secondary menus, division, and link to the Provider File. MRT users must be in this file before the first activation. Group 2C file.
PROVIDER	6	Demographic data about any health care provider who is scheduled to see patients or is authorized to enter orders. This can include nurses, corpsmen, physician assistants, etc. Providers must be built into this file prior to being defined as a borrower. Group 2C file.
MEDICAL CENTER DIVISION	40.8	All divisions of the Medical Treatment Facility (current site) are defined in this file. The divisions must be defined before the file areas may be entered into the Hospital Location file and before the Record Tracking Application parameters may be set for the division. They must also exist in this file prior to being defined as borrowers. Group 2C file.
HOSPITAL LOCATION	44	This file contains the demographic information for clinics, file areas, and other MTF locations. A location must be defined in this file before the MRT fileroom setup, etc., can be entered. All filerooms should be entered in this file prior to activating the first fileroom. Group 2C file.
WARD LOCATION	42	Contains all the MTF ward locations and their related data. If inpatient records will be activated with MRT and wards will be considered to be borrowers, this file must be populated prior to building the borrowers. Group 2C file.

DEPARTMENT

AND 45.7
SERVICE

This file identifies the organizational structure of the MTF through definitions of the departments and their related services. This file must be populated prior to activating the PAS functionality. If PAS is not built prior to activating MRT, pull list functions will not be activated. **Group 2C file.**

ADDITIONAL

MEDICAL TREATMENT
FACILITY

8101.1

Contains facilities that are not part of the standard set of entries in the MTF file. Also contains outside facilities and care-givers under the Managed Care Program (MCP) software. This file is used by MRT to identify borrowers who are not within the facility or its common files. An example would be a local civilian hospital such as Norfolk General Hospital. **Group 2C file.**

MEPRS 8119
CODES

Used by the MTF to define the Medical Expense and Performance Reporting System (MEPRS) codes used determining the cost of direct medical care. A MEPRS code or cost pool code must be identified for each file area as it's built into the Hospital Location file. **Group 2B file.**

The following is a list of files used by the MRT subsystem that come with data and are not site modifiable or are built as a by-product of system use.

<u>FILE</u>	<u>FILE #</u>	<u>DESCRIPTION (including classification)</u>
PATIENT	2	Main file for storage of demographic information for the patient. Populated through manual and possibly conversion process. Entries in this file become the basis for patient care in CHCS. It is important to note that the OP RECORD HOME LOCATION field in the PATIENT file is extremely important to the workings of the MRT subsystem and should have data entered at the time of registration. Group 3 file.
DEVICE	3.5	Defines the input and output devices which can be accessed. MRT devices are defined here before they may be put into the file room setup as a default device. Group 4 file.

BULLETIN	3.6	This file contains the name, subject, mail groups, descriptions, and messages or canned text generated by CHCS. Group 4 file.
MAIL GROUP	3.8	Contains the name of all mailman groups and their members. Group 4 file.
SECURITY KEY	19.1	Keys which 'lock' certain options in the system. Users must be assigned the appropriate key to access the function (e.g., RT DELETE to be able to delete an MRT record). Group 4 file.
RECORDS	190	Entries in this file are created when records are created in MRT. Group 3 file.
REQUESTED RECORDS	190.1	Entries in this file are created when requests for MRT records are entered in the system. Group 3 file.
MISSING RECORDS	190.2	Entries in this file are created when records are flagged as "missing" and/or flagged as "found pending supervisor approval". Group 3 file.
RECORD MOVEMENT HISTORY	190.3	Entries in this file are created when records are created and moved through the system. It contains information on what has been done to the patient's record (i.e., created, charged out, etc.) Group 3 file.
RECORD BATCH PRINT	190.4	Entries in this file are created when the option "Initialize Batch and Pull Lists from Schedules" is run. Each batch list is a list of patients with scheduled appointments in the PAS module who have no electronic record created in the system. Group 3 file.
RECORD TRANSFER RETIRE LIST	190.5	Entries in this file are created when the option "Create List for Record Transfer/Retire" is used. It contains the name of the file room from which the records were transferred/retired and a list of the records involved. Group 3 file.

PULL LIST	194.2	Entries in this file are created when the option "Initialize Batch and Pull Lists from Schedules" is run. Each pull list is a list of patients with scheduled appointments in the PAS module who have electronic records created in the fileroom running the list. Group 3 file.
LABEL PRINT FIELD	194.5	Contains the allowable fields which may be used in formatting for MRT labels. Group 1 file.
RECORD MOVEMENT TYPES	195.3	Defines the various allowable movement for all record types. (e.g., record creation, charged out) Group 1 file.
VARIABLE POINTER	195.5	This file defines those files which make use of variable pointers. For example, an entry in the BORROWERS-FILE AREAS file may point to the PROVIDER, MTF, ADDITIONAL MTF, RT FILEROOM SPECIFIC LOCATIONS or HOSPITAL LOCATION file entries. Group 4 file.
PATIENT CATEGORY	8156	Table of different patient categories in use by military hospitals and clinics. For example, All for Army Active Duty members. Group 1 file.

4.1.3 Data Sources.

Below is a list of sources from which data may be collected for use in populating the MRT and related files.

- a. Existing information system, such as AQCESS or TRIPAS.
- b. Site POCs: System Administrator, Installation Representative, Fileroom supervisors, branch clinic department heads, MTF department heads, clinic supervisors, CHAMPUS office, Patient Administration office, management information department.
- c. Other Implementation Specialists (ISs) who have done this type of activation before may have valuable information/hints on getting the most accurate data you can collect.

4.2 DATA BASE INSTALLATION.

Installing the data base will require a dedicated commitment on the part of the MTF. Time will need to be set aside to collect, analyze, and enter data into the system. If activities such as construction, installation of new equipment, TDY, annual leave, and mobilizations are anticipated, they should be identified before beginning. As training classes begin they may impact on the amount of time available to devote to data base installation.

The MRT subsystem is one component of the CHCS. CHCS is an integrated healthcare information system and also includes modules for Pharmacy, Laboratory, Facility Quality Assurance, Clinical Order Entry, Nursing, Radiology, Patient Administration, Patient Appointment Scheduling, and Dietetics. Prior to operating MRT, several activities will take place to adapt the system to each MTF. One of those activities is data base installation. Changes in the schedule from one of the other installation activities may impact data base installation.

4.2.1 File Descriptions.

The following is a list of files which must be built and maintained for MRT. Data collection and entry must take place to customize these files to the site.

<u>FILE</u>	<u>FILE #</u>	<u>DESCRIPTION (including classification)</u>
LABEL FORMAT	194.4	Contains the formats for the MRT (and Image Tracking) labels (Record, Borrower, and Request). Group 2A file.
RECORD TRACKING APPLICATION	195.1	Defines the specific parameters for MRT application. Contains: Application, Formats, Prompts, Keys, Headers, File Parameters, Pull List Parameters and Mail Groups. Parameters in the files: BORROWER-FILE (#195.9), LABEL FORMAT (#194.4) and RECORD TYPES (#195.2) must be defined prior to defining this file). Group 2C file.
RECORD TYPES	195.2	Defines the specific record types and their parameters. Group 2A file.

RECORD

TRACKING

SYSTEM 195.4 Defines purge parameters for batch and pull
PARAMETERS lists, movement logs and requests. Also
defines inpatient and outpatient record types
and interface status. **Group 2C file.**

REASONS 195.6 Contains reasons for canceling requests, why
a record is flagged missing/found. **Group 2A
file.**

BORROWER-

FILE AREAS 195.9 Defines the specific parameters for the
filerooms and borrowers in MRT. Entries made
in this file need to be defined first in the
Hospital Location file (#44), the Provider
(#6) file, the Medical Treatment Facility
(8165.5), Medical Center Division (40.8), or
Additional Medical Treatment Facility
(8101.1). **Group 2C file.**

RT FILEROOM

SPECIFIC 8376

LOCATIONS

Contains entries describing location which
are usually within the fileroom itself (i.e.,
Inpatient doctor's boxes), but may also be
locations within the facility where records
may remain temporarily, be permanently stored
or checked out for use. These entries do not
need to be locations defined in the Hospital
Location file (#44). Use of this file
eliminates the need to clutter the Hospital
Location file. **Group 2C file.**

4.2.2 Sample Plan.

Data base installation joins government and SAIC Implementation staff as partners in the implementation effort. This approach promotes site ownership of the files, eliminates the need for SAIC maintenance of site files, and makes follow-up F/T maintenance training obsolete. The site staff participates in all phases of data base installation, from planning through the certification process.

- a. Installation of the CHCS image containing files populated with baseline data has been completed (Common Files). This image also consists of products of the demographic conversion process and information gathered during the initial data collection trip and entered manually. These files are modified by the site.

1. The Patient File is populated via the conversion process (or manually).

2. Files populated via manual data entry:

User File	3
Device File	3.5
Provider File	6
Hospital Location File	44
Label Format File	194.4
Record Tracking	195.1
Application File	
Record Types File	195.2
Record Tracking System	195.4
Parameters File	
Reasons File	195.6
Borrower-File Areas File	195.9
Additional Medical	8101.1
Treatment Facility File	
RT Fileroom Specific	8376
Locations File	

b. Activation of the MRT functionality. The schedule will vary from site to site with amount of initial information loaded into the data base. When installed, the data base will contain data in the common files and the initial data for MRT. After F/T Build Training, the initial POCs will assume responsibility for MRT F/T building and will train subsequent POCs. The IS will act as a consultant until MRT is fully activated.

1. Training will be provided by the SAIC ISSs. At the end of the training for POCs, the SAIC site staff will give the site F/T POC access and verify codes, appropriate menus and security keys. This access will be required while working with the IS.
2. The site Implementation/Training POC then receives F/T Training from the ISSs on site. This training will include file description, all phases of F/T building, integration and implementation issues.
3. The Implementation Team (SAIC IS and site POC) will complete the F/T for the MRT activation. The site POC, upon completion training, will enter the data in the data base with direct consultation from the SAIC ISSs.
4. Files are analyzed and certified for 'go live'. Training for end users is completed for the first record room. First record room goes online and process of training the users for the next record room begins. No further file build is needed other than to attach default devices to the record rooms and to add the users for each record room as the activations go along. This process continues until the last record room activation.

5. The site Implementation/Training POC will now be able to instruct other government site staff in both end user training and F/T maintenance.

4.3 F/T BUILD GUIDELINES.

Before beginning the F/T build, all data collected should be thoroughly analyzed for accuracy, standardization, duplication and completeness. Each form should include the name and phone number of the person who completed the information. Follow the recommendations in this section to build the MRT subsystem.

IMPORTANT: The data entry POC must be assigned the **RECORD TRACKING TOTAL SYSTEM MENU** as a secondary menu option. You **must** build the first fileroom through this menu. The remainder of the filerooms and MRT data may be entered either through this menu or through the standard menu paths.

NOTE: It is ALWAYS BEST to complete all Hospital Locations in common files DAA->CFT->CFM->HOS. A printer MUST be entered in the default device field. This is where the TelCom 600s will print.

4.3.1 File Build Sequence.

The beginning of file build assumes that all file areas have been built into the HOSPITAL LOCATION file and that common files build is complete or near completion. (Menu Path: DAA->CFT->CFM->HOS)

- a. RE-COMPILE TEMPLATES (COM)

This must be done at least once through either MRT or RAD IT.

- b. FILE ROOM SET-UP (FSU)

Define all file areas as MRT filerooms.

- c. LABEL FUNCTIONS MENU (LFM)

Define all label formats including outpatient, inpatient and borrower labels, charge-out/routing cards, and request notices.

- d. TYPE OF RECORD SET-UP (TYS)

Define all MRT record types (outpatient, inpatient, occupational health, etc.).

- e. APPLICATION SETUP (APP)

Define MRT Application parameters, such as report headers, default central file areas for all divisions, etc.

f. INITIALIZATION MENU (INI)

Use this menu to initialize locations, MTFs, etc., as borrowers. At Alpha and Beta sites in the past, this menu was used to initialize Inpatient records as well.

g. LOCATIONS SPECIFIC TO RECORD TRACKING (SPL)

Define and set up non-standard borrowers, such as inpatient doctor's boxes.

h. REASON FILE SET-UP (RES)

Define reasons for record action description (i.e., FINDING MISSING RECORDS).

i. ADDITIONAL MEDICAL TREATMENT FACILITY SET-UP (AMF)

Add outside facilities such as civilian hospitals.

j. BORROWER SET-UP (BSU)

Define Borrowers, their demographics, records types to pull, and synonyms (other ways to pull up this borrower).

k. RECORD TRACKING SYSTEM OVERALL PARAMETERS (OVR)

Set overall RT system parameters and interface status.

l. MOVEMENT TYPE SETUP (MTS)

Movement types are deployed with the system. This setup menu allows the user to define which types use batch processing and whether this movement will generate overdue list entries.

m. PRINT BORROWER BARCODE (WER)

Print single or multiple borrower labels for use in quick charge-outs.

n. QUEUE PURGE BACKGROUND JOB (PUR)

Set parameters for RT purge functions, such as frequency and output device.

4.3.2 F/T Build Task Checklist.

The following checklist is provided to record and monitor completion within the data base installation process. The form lists tasks to be completed. A date completed column is provided for recording the task as complete. The tasks include the F/T build for MRT files. This checklist should be used in conjunction with the Implementation checklist in Section 3.3.

F/T Build Task Checklist

TASK	DATE COMPLETED
1. Data collection forms returned	_____
2. Complete Data analysis and entry	_____
a. RE-COMPILE TEMPLATES	_____
b. FILEROOM SETUP	_____
c. LABEL FORMAT	_____
d. RECORD TYPE SETUP	_____
e. RECORD TRACKING APPLICATION	_____
f. INITIALIZATION	_____
g. LOCATIONS SPECIFIC TO RECORD TRACKING	_____
h. REASONS	_____
i. ADDITIONAL MTF SETUP	_____
j. BORROWER SETUP	_____
k. RECORD TRACKING SYSTEM OVERALL PARAMETERS	_____
l. MOVEMENT TYPE SETUP	_____
m. QUEUE PURGE BACKGROUND JOB.	_____
3. Final data analysis (post entry)	_____
4. MRT user verification	_____
a. User file	
b. Menu assignment	
1. MRT menu (RT MRT-SUPER MENU)	
2. File Manager Access: Dd,Kk	
c. File Manager access code	
d. Security key assignment	
e. Access and verify codes	
f. Users trained in MRT	
g. Mail group members for bulletins.	
5. MRT Activation (1st fileroom)	_____
6. MRT pull lists working properly in first fileroom.	_____

4.3.3 Menu Paths for F/T Build.

Option Key

RTO = Record Tracking Total System Menu
MRM = Medical Records Menu
SD = System Definition
FSU = File Room Setup
BSU = Borrower Setup
LFM = Label Functions Menu
LF = Label Format
TYS = Type of Record Setup
APP = Application Setup
AMF = Additional Medical Treatment Facility Setup
RES = Reason File Setup
OVR = Record Tracking System Overall Parameters
MTS = Movement Type Setup
SPL = Locations Specific to Record Tracking

FILE

MENU PATH

FIRST FILEROOM	RTO-->SD-->FSU
BORROWER-FILE AREA (Filerooms/Borrowers)	PAD-->MRM-->SD-->FSU/BSU
LABEL FORMAT	PAD-->MRM-->SD-->LFM-->LF
RT FILEROOM SPECIFIC LOCATIONS	PAD-->MRM-->SD-->SPL
RECORD TYPES	PAD-->MRM-->SD-->TYS
RECORD TRACKING APPLICATION	PAD-->MRM-->SD-->APP
REASONS	PAD-->MRM-->SD-->RES
ADDITIONAL MEDICAL TREATMENT FACILITY	PAD-->MRM-->SD-->AMF
RECORD MOVEMENT TYPES	PAD-->MRM-->SD-->MTS
RECORD TRACKING SYSTEM PARAMETERS	PAD-->MRM-->SD-->OVR

4.3.4 Data Collection Guidelines.

Data base installation includes the collection of information from your department that will allow the system to be tailored to your facility's unique operation.

- a. Read the information provided for each file before you begin the data collection process.
- b. For those files that do not come with data, special forms designed to collect this information are available. A set of blank forms can be found in Appendix C. Examples of completed forms can be found in this section after the discussion of each file.
- c. For those files that come with data, a print-out may be generated to use as a data collection tool. Review these listings carefully and note any modifications needed.
- d. **BE NEAT** and make sure writing is **LEGIBLE**. Some forms will have a specific number of blanks available for the data. Do not write outside of the blanks.
- e. Do not use pencil when completing forms or editing file listings. You may want to use blue or black ink for the initial edit and red or green ink to denote corrections.
- f. Review the time table established under Data Base Installation Planning so you are familiar with the milestones for completing data collection.
- g. **ORGANIZE!** Use the checklists to keep track of the process. Maintain folders for each file.
- h. Hold an initial meeting to start the process. Hold regular meetings (e.g., weekly) to monitor progress.
- i. Maintain a journal of progress on mail or in a notebook.
- j. Save all material received as source data.
- k. Try to establish a work area where materials may be stored and data entry can take place. This area should have a terminal, barcode reader, Intermec Printer and LA 75 Printer.
- l. Identify data entry support if needed.

4.3.5 Data Analysis Guidelines.

A thorough analysis of the data collected must be performed prior to entering it into the MRT files. Data must also be analyzed during the course of data entry. A final analysis will take place when all data entry is complete.

It is recommended that the individual responsible for collecting the data and the coordinator for the entire process both be involved in the analysis.

Review the data collected to ensure that it meets the following criteria:

- | | | |
|----|-----------------|---|
| a. | ACCURACY | All information is spelled correctly. |
| b. | THOROUGHNESS | All required data has been provided. |
| c. | STANDARDIZATION | Standard naming conventions have been followed. |
| d. | DUPLICATION | No duplicate data has been collected or entered. |
| e. | LEGIBILITY | Data collected is legible. |
| f. | APPROPRIATENESS | Evaluate the value of the data. Determine if the data is valid and necessary. |

Any data submitted that does not meet the criteria listed above should be returned to the originator with an explanation of the deficiencies to be corrected. Establish a new due date for return of the corrected forms/printouts. Provide any assistance necessary to the personnel doing the corrections.

4.3.6 Step-by-Step File Build Instructions.

Any user who will be involved in the F/T building process will need the following menus, security keys, and file manager access codes:

PRIMARY MENU OPTION: **Site POC-->DG USER**
Implementation Specialist-->XUCORE

SECONDARY MENU OPTION: **Site POC-->RT OVERALL**
Implementation Specialist-->
RT OVERALL

NOTE: This secondary menu option **must** be assigned or the POC will not be able to build the first fileroom and enter into standard MRT menu paths.

Example: From main menu option prompt, user will enter: **RTO**
(or other mnemonic for RT OVERALL menu)

RECORD TRACKING APPLICATION: **MEDICAL RECORDS TRACKING**
Select File Room: **<Press RETURN>** (no file room is available yet)

** The menu which appears now is a standard MRM menu display. User must go into menu path: SD --> FSU and enter first fileroom. Once this is done, standard menu paths may be used.

FILE MANAGER ACCESS CODE: **Implementation Specialist-->#KkDds**
Site POC-->KkDds

NOTE: The "#" (**pound sign**) should be assigned only to those individuals who will need to edit particular files in the MRT functionality. This may not be available to all site personnel.

Security Keys: Both Site POCs and Implementation Specialists should have all RT keys as well as DG SYSTEM DEFINITIONS key. Any additional necessary keys should be discussed with the site manager.

NOTE: For a complete list of all the MRT Security Keys please see Section 3.4 in this guide.

Data types as used in this manual:

Free Text X-Y characters: Valid data is alphanumeric and must be a minimum of 'X' characters and a maximum of 'Y' characters. Some additional rules may apply such as no numeric characters or no punctuation characters.

Number between X and Y: Valid data is numeric within the range defined by X and Y. Decimal places allowed.

Whole Number between X and Y: Valid data is numeric within the range defined by X and Y. Must be whole numbers.

Set of Codes: Valid data is chosen from a list of codes.

Pointer to the 'XYZ' File: Data comes from the specified file. Possible entries for this field point to another file, entries will be available for the user to choose from.

Format NNNNN or NNNNN.NNN: Data must be in the format described. (N = numeric; A = alpha).

Must be 'X' characters in length: Data must be exactly the length described.

Word-processing: Data is unlimited free text. There are generally no limitations on length, however, it is suggested that text be kept as short as possible.

The following Data Collection forms are available in Appendix C:

- a. FILEROOM SETUP
- b. LABEL FORMAT
- c. RECORD TYPE SETUP
- d. RECORD TRACKING APPLICATION SETUP
- e. REASON FILE SETUP
- f. RECORD TRACKING SYSTEM OVERALL PARAMETERS
- g. BORROWER SETUP
- h. LOCATIONS SPECIFIC TO RECORD TRACKING
- i. ADDITIONAL MEDICAL TREATMENT FACILITY.

4.3.6.1 Fileroom Set-Up.

The File Room Set-up option provides for entry of those locations to be designated as file areas in the Borrowers-File Areas File (#195.9). ALL PAD medical record file rooms MUST be defined and set up prior to running the initialization of the first pull list. Failure to do so may cause inaccurate pull lists. MRT software only looks for the filerooms that are set up through this option. If this is a multi-divisional site, all filerooms for all divisions must complete individual File Room Set-Up data collection forms.

FILE AREA: Required Field; Pointer to the Hospital Location File (#44).

All file areas that will be associated with MRT must be entered individually. The fileroom must be entered into the Hospital Location File first.

PHONE NUMBER: Free Text; 1-15 characters.

Telephone number of the file room. The number is displayed on reports, etc.

Example: 233-1818, or 619-233-1818

**LOCATION/ROOM
NUMBER:**

Free Text; 1-15 characters.

Location (building) and room # of the fileroom. Optional. This information is displayed in the same locations as the phone number.

Example: Bldg 5/Room 320

RECORD SORT: Set of Codes: a for ALPHA
t for TERMINAL DIGITS

This is the default method by which the file room will print its pull/batch lists, requests, etc.
Suggested entry: Terminal Digits

ACTION IF HOME

IS DIFFERENT: Set of Codes: n for NO ACTION
a for AUTOMATICALLY CHANGE
q for QUESTION USER ABOUT CHANGE
d for DISPLAY WARNING ONLY

The action which should be taken by the fileroom when a record is being checked into a location different from the 'HOME LOCATION' of the record.
Suggested entry: 'q' for QUESTION USER ABOUT CHANGE.

DEFAULT RECORD MASTER

TYPE: Pointer to the Record Types File (#195.2)

**Used in Image Tracking (RAD) ONLY.
Leave blank for MRT!**

VOLUMES

REQUIRED: Set of Codes: 1 ALL VOLUMES
0 LAST VOLUME

Indicates which volume(s) to pull when initializing the pull and batch lists.

Printers Assigned to This File Room

**RECORD
BARCODE**

PRINTER: Pointer to the Device File (#3.5)

This is the default printer on which record labels are to be printed for this file room. May be left blank, and the system will prompt the user for a printer. The user may choose not to use fileroom default devices when accessing MRT.
Example: OBBARCODE

**REQUEST
NOTICE**

PRINTER: Pointer to the Device File (#3.5)

The default printer on which Request Notices/Cards are to be printed for this file room. May be left blank, and the system will prompt the user for a printer. The user may choose not to use fileroom default devices when accessing MRT. **Requests for**

records may be made by clinics/Health Care Providers (HCPs). It is suggested that a default request notice printer be defined, because clinic users may not know the name of the device to which these notices should print.

Example: OBNOTICE

MANAGEMENT REPORT

PRINTER: Pointer to the Device File (#3.5)

The default printer on which Management Reports should be printed. May be left blank, and the system will prompt the user for a printer. The user may choose not to use default printers when accessing MRT.

Example: OBREPORT

CHARGE

CARD PRINTER: Pointer to the Device File (#3.5)

The printer from the Device File on which Charge/Routing Cards should be printed for this file room. May be left blank and the system will prompt the user for a printer. The user may choose not to use default printers when accessing MRT.

Example: OBCARD

PULL LIST

PRINTER: Pointer to the Device File (#3.5)

The default printer on which Pull Lists should be printed for this fileroom. May be left blank and the system will prompt the user for a printer. The user may choose not to use default printers when accessing MRT.

Example: OBPULL

WHICH SECURITY KEY

IS NEEDED?: Pointer to the Security Key File (#19.1)

Must be one of the 'RT' security keys. Secures the file room so that only holders of the designated key may enter this file room to perform transactions on a record. Records may not be checked into, transferred to, or recharged to the file room unless the user holds the security key. If a file room is not 'secured', there is no restriction and any user with the PAD menu can go into the file room. Note: The system comes with 25 additional file room security keys (RTFR1-25). Each fileroom should be assigned a key RTFR 1-25.

SYNONYMS: Free Text 2-30 characters; Multiple values allowed.

Alternate name(s) for the file area. The first synonym should be the same as the file room name, as listed in Hospital Location File. The system automatically stuffs this as the first synonym, but it must not be removed by the user! **NOTE:** If the name of the Hospital Location is more than 30 characters, the MRT system will not allow it as a synonym. Name will have to be shortened.

Maintenance Note: If the location name is changed in the Hospital Location file, user must manually remove old synonym and enter new one.

Examples: Outpatient, OUT, OPR

Input screen example:

Screen One:

BORROWERS-FILE AREAS: {system stuffs name in here}

Phone Number:
Location/Room Number:
Record Sort:
Action If Home Is Different:
Default Record Master Type:
Volumes Required:

Printers Assigned to this File Room

Record Barcode Printer:
Request Notice Printer:
Management Report Printer:
Charge Card Printer:
Pull List Printer:

Security Key Needed to Select File Room

Which Security Key Is Needed?:

Screen Two:

BORROWERS-FILE AREAS: {same name as listed in first screen}

RT FILE ROOM SET-UP -- CONTINUATION

Select SYNONYMS:
{system will stuff in name as listed in HOSPITAL LOCATION file}

Sub-Screen for Synonyms:

SYNONYMS: {synonym}

RT FILE ROOM SET-UP -- CONTINUATION

SYNONYM: {synonym} (user may change or REMOVE synonym here)

DATA COLLECTION/ANALYSIS/ENTRY:

- a. Filerooms are entered into the Hospital Location file (file #44) (Common Files build)

To print a listing of file areas which have been entered:

Output from which file: **HOSPITAL LOCATION**
Sort by: **LOCATION TYPE;@**
Start with LOCATION TYPE: **FIRST// FILE AREA**
Go To LOCATION TYPE: **LAST// FILE AREA**
First Print FIELD: **NAME;C1;L30;"Fileroom"**
Then Print FIELD: **DIVISION;C35;L25;"Division"**
Then Print FIELD: **TELEPHONE;C65;L15;"Phone #"**

- b. The first fileroom **must** be set up through the RT OVERALL (Record Tracking Total System Menu) secondary menu option. All subsequent file areas may be built either through this menu or through the standard MRT menu paths.
- Menu path: RTO --> SD --> FSU (for first fileroom)
SD --> FSU (for additional filerooms)
 - Required Field(s): File Area
 - Subsequent filerooms may be added in the same manner.

All filerooms, currently being used or not, should be set up prior to the activation of any portion of MRT. Additionally, all outlying clinics, and all divided work centers (divisions) must also be set up before initialization of any borrowers.

- c. Print Devices: The device names may not be known during the initial data collection process, but should be entered during the first day of activation for that fileroom. **NOTE:** When signing into the MRT functional area, if the user answers 'yes' to "Do you want to use the file room's default devices?", and these fields are filled in, the print process is automatic. The user cannot change the device unless they (1) go back out, reenter MRT and say 'no' at the above question prompt, or (2) go into File Room Set Up and remove the default device name entries.
- d. Synonyms: The synonym provides for a faster look up. Example, if OUTPATIENT RECORDS is entered as the File Area name with no synonyms, and the user enters 'OUT' at any 'Select File Area:' prompt, the system looks at any "OUT" string match in the borrower file for all types of borrowers. It may come back with a pick list of names, such as OUTLAW, JOHN J, or OUTER, PAT C, along with OUTPATIENT RECORDS. However, if the synonym field is filled in with "OUT", the system will look there

FIRST for a match. The full file area name, as listed in the HOSPITAL LOCATION file, will default automatically as one of the synonym entries. The full fileroom name **must** be a synonym.

A printout of MRT filerooms may be obtained after data entry by using the following print template:

Ad Hoc - Print File Entries

PAD --> ORM --> FOUT --> 2 Print File Entries
(User must hold the DIOU security key)

```

OUTPUT FROM WHAT FILE: BORROWERS-FILE AREAS
SORT BY: NUMBER//APPLICATION
START WITH APPLICATION: FIRST//MEDICAL RECORDS TRACKING
GO TO APPLICATION: LAST//MEDICAL RECORDS TRACKING
  Within APPLICATION, SORT BY: HOSPITAL LOCATION TYPE
  START WITH HOSPITAL LOCATION TYPE: FIRST// FILE AREA
  GO TO HOSPITAL LOCATION TYPE: LAST// FILE AREA
FIRST PRINT FIELD: NUMBER;L
THEN PRINT FIELD: NAME
THEN PRINT FIELD: LOCATION/ROOM #
THEN PRINT FIELD: PHONE #
THEN PRINT FIELD: |SYNONYMS (multiple)
  THEN PRINT SYNONYMS SUB-FIELD: SYNONYM
  THEN PRINT SYNONYMS SUB-FIELD:
THEN PRINT FIELD:
HEADING: BORROWERS-FILE AREAS LIST
Store print logic in Template: (save template if
                                desired, when prompted)
DEVICE: (Use WIDE, SLAVE132, or any device allowing
        132 column report printing)

```

It is recommended that a copy of the output report be kept and be printed each time a change is made to this file.

FILE ROOM SET-UP
(PAGE 1 OF 2)

FILE AREA: SAMPLE OUTPATIENT RECORDS

APPLICATION: ☒ MEDICAL RECORDS

PHONE NUMBER:

9	1	9		4	5	1	4	6	0	0				
---	---	---	--	---	---	---	---	---	---	---	--	--	--	--

1-15 characters)

LOCATION/ROOM NUMBER:

N	H	1	0	0	/	R	M	3	0	0				
---	---	---	---	---	---	---	---	---	---	---	--	--	--	--

(1-15 characters)

RECORD SORT:

☐

ALPHA (a)

☒

TERMINAL DIGITS (t)

ACTION IF HOME IS DIFFERENT:

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

NO ACTION (n)

AUTOMATICALLY CHANGE (a)

QUESTION USER ABOUT CHANGE (q)

DISPLAY WARNING ONLY (d)

DEFAULT RECORD MASTER TYPE: RAD ONLY (Image Tracking). LEAVE BLANK.

VOLUMES REQUIRED:

☒

Last Volume

☐

All Volumes

PRINTERS ASSIGNED TO THIS FILE ROOM
(1-40 characters)

RECORD BARCODE PRINTER: SOPRECBP1

REQUEST NOTICE PRINTER: SOPRECCP1

MANAGEMENT REPORT PRINTER: SOPRECTP1

CHARGE CARD PRINTER: SOPRECCP1

PULL LIST PRINTER: SOPRECTP1

(PAGE 2 OF 2)

SECURITY KEY NEEDED TO SELECT FILE ROOM

WHICH SECURITY KEY IS NEEDED?: RTFR1

SYNONYM (S) :

[illegible]

2-30 characters

PERSONNEL ASSIGNED TO THIS FILE ROOM:

STAFF

SUPERVISOR

DARRYL OAKLEY

X

MERYL STREEP

X

KEVIN COSTNER

X

BOB NEWHART

X

CANDICE BERGEN

X

4.3.6.2 Label Format Set-Up.

The user may specify the information to appear on the labels used by the MRT applications. Labels may be formatted for records, requests, and borrowers. Several standard label formats come with the system for this application and may be used as the basis for a new format. Some examples are attached. If this is a multi-division site, all divisions must agree upon a single format for borrower, outpatient and inpatient record labels and chart request notice card. Each division can submit their own format for charge out/routing card.

LABEL FORMAT

NAME: Required Field; Free Text 3-30 characters.

The name of the label format. Renaming of standard label formats that come with the system is not recommended. Each application may create their own naming convention. Recommend using the samples provided as a guide in defining a new label.
Example: SITE OUTPATIENT, BORROWER STANDARD

APPLICATION:

Set of codes: MEDICAL RECORDS TRACKING or IMAGE TRACKING.

The application for which this label will be used.
Enter: Medical Records Tracking

TYPE OF

LABEL: Set of Codes: 'r' for RECORD
'b' for BORROWER
'q' for REQUEST

This code will define the purpose of the label and limit the possible selection of print fields. (See Label Print Field listing below.)
Example: r, for SITE OUTPATIENT record label

PRINT

FIELD: Multiple values allowed.

Pointer to the Label Print Field file (#194.5)

The name of the field which will appear on the label.

PRINT FIELD (sub-fields):

FIELD: Pointer to Label Print Field file (# 194.5)

The name of the field being edited. Entry is made on screen one, and appears on this screen. May be changed or removed here.

ROW: Whole number between 1 and 66.

Row position for this field on the label. Number of rows available will be dependent on the size of the label chosen. Normally, the maximum number of rows is 18. If a larger print is used (i.e., size 3), be aware that fewer rows will be available for text, as size 3 will use more space on the label. Rows run horizontally.

Example: 2

COLUMN: Whole number between 1 and 80.

Columnar position where this field will print on the label. Column position will depend on the size of the label chosen. Normally the maximum number of columns is 35 on an Intermec Printer. Columns run vertically.

Example: 15

TITLE(OPTIONAL):

Free Text 1-15 characters.

Optional title to be printed for the field. If no title is needed, leave this field blank.

Example: The Date of Birth field name can be printed on the label as DOB, if DOB is entered as the Title.

LITERAL

TEXT: Free Text 1-80 characters.

Text which will print when the print field is 'free text'.

Example: --- MTF BORROWER LABEL ---

SIZE: Whole number between 1 and 3.

Determines the size of the print (font). '1' is the smallest print, and '3' is the largest. A size 3 print will use 2 rows and approximately 1.5 columns. Each field can be a different size.

Example: Name may be size 3, Age size 2, and Sex size 1.

BARCODE:

Set of Codes: 'y' for YES
'n' for NO

Indicates this field should be displayed in barcode format on the label. Fields that are to be displayed in barcode format should appear at the bottom of the label. A YES means that the system translates the value of this field entry into barcode. Normally the only barcode printed field is 'BARCODE FOR RECORD', although Family Member Prefix/Social Security Number (FMP/SSN), register #, and name may also be barcoded. It is recommended to only barcode for record. This is the most efficient use of MRT, as you will get a direct hit on the particular patient record.

Example: NO

**NUMBER OF ROWS
IN FORMAT:**

Whole number between 1 and 66.

Total number of rows (including any blank rows) for this label.

Example: 18

**NUMBER OF
LABELS:**

Whole number between 1 and 99.

The default number of labels to be printed when this label is generated. Recommend printing one label.

Example: 1

SAIC/CHCS Doc. TC-4.4-0579
18 Sep 1995

Input Screen Example:

Screen One:

LABEL FORMAT: {name of label, as user entered it, appears here}

RT LABEL EDIT

Label Formatter

Name: {name of label}

Type of Label:

Print Fields:

Number of Rows in Format:

Number of Labels for Format:

Sub-Screen of Print Field:

PRINT FIELDS: {name of print field appears here}

RT LABEL EDIT -- CONTINUATION

Field: {name of print field}

Title (Optional):

Literal Text:

DATA COLLECTION/ANALYSIS/ENTRY

- a. Build the formats after building the filerooms.
- b. It is not recommended that any existing label format names be changed, although the print fields may be modified.
- c. Certain label formats must be agreed upon for all divisions. These are: any label assigned to a record type (e.g., OUTPATIENT STANDARD, INPATIENT STANDARD, OCC HEALTH RECORD), Borrower label, and Chart Request Notice. Charge-out Routing Cards and any label format for a record type unique to a division (e.g., 8th ENGINEERS ACTIVE DUTY) may be division specific.
- d. Number of Labels: If there is a need to print more than one label (an example could be the Borrower Barcode label), change this field to the correct number needed. If this number is left at 1, and the user needs 5 labels, the user will have to enter and print the borrower 5 separate times.
- e. Menu Path: SD --> LFM -->LF (Label Formatter)
SD --> LFM -->TL (Test Label Format)
to test print label
- f. Entries in this file:
 - 1. Point to Label Print Field file (#194.5)
 - 2. Required fields: LABEL FORMAT (name)
- g. The system automatically assigns a record number (different than register number for inpatient records) which may be selected as a print field on the barcode label. The user may enter this number to select a patient. A barcode number will also print beneath the barcode itself. Example of a barcode number: A1071\$642. The entries preceding the '\$' sign represent the unique code for the MTF and the entries following the '\$' sign represent the patient record. At a multi-division site, all divisions have the same MTF code number.
- h. For a charge-out/routing card, the number of rows in format should be set to the number of lines of actual print fields rather than to the actual number of lines available on the card. Example: An 18 line capable card that has a 12 row format should have 12 as the # of rows in format. This will allow the system to print Clinic, Provider, and Appointment date/time after line 12. Doing this incorrectly may cause the appointment information to print on the next card.

- i. A print template is included in Appendix E of this guide for printing entries in this file.

BORROWER LABEL EXAMPLE (NOT DIVISION SPECIFIC)

```
----- STANDARD BORROWER LABEL -----  
  
Name:GENERAL SURGERY CLINIC  
Borr. Loc:RM 456      Printed:Jun 6, 1991@0915  
  
Phone:619-213-8876  
  
MTF:11111  
  
|||BARCODE|||
```

CHARGE OUT/ROUTING CARD (DIVISION SPECIFIC)

```
                For Official Use Only  
* *   Personal Data - Privacy Act of 1974   * *  
-----  
  
Charge Out/Routing Card for  99/999-99-9999  
  
Patient:DOE,JANE  
Sex:FEMALE      Category:A41  
DEERS:Patient is Eligible  
DOB:05/10/57      Sponsor's Grade/Rank: A06  
Sponsor's Duty Phone #:619-535-7118  
  
Appointment      Clinic      Provider  
-----
```

CHART REQUEST NOTICE (NOT DIVISION SPECIFIC)

```
----- CHART REQUEST NOTICE -----  
Patient Name:DOE,JANE  
SSN:99/999-99-9999  
Current Loc:OPR  
Cur Ph#:333-5533   Cur Rm:OPR  
SEND TO DR. CASEY  
  
-----  
Requestor: ICU  
Phone #:444-3333  
Date Needed  :17 May 1991@1500
```

INPATIENT LABEL (NOT DIVISION SPECIFIC)

```
Name:DOE,JANE  
SSN:99/999-99-9999   Reg#:8888888  
MTF:  
DOB:29 May 1957      MEDICAL RECORD  
Age:24  
Sex:FEMALE           Rec#:29342  
GRADE/RANK:A06       Vol.:1  
ATT. PHY.:MOOTZ,DONALD J  
  
PT CAT:A41          ADM DATE:14 May 1991@1010  
|||BARCODE|||
```

OUTPATIENT LABEL (NOT DIVISION SPECIFIC)

```
***Outpatient Record***  
IRELAND ARMY HOSPITAL  
  
DOE,JANE  
99/999-99-9999  
Age:24   DOB:1 May 1957   Sex:Female  
  
OUTPATIENT      REC#29671   Vol:2  
  
PT CAT:A31      GRADE/RANK:AE6  
  
|||BARCODE|||
```

LABEL PRINT FIELDS
FILE #194.5

<u>PRINT FIELD</u>	<u>TYPE OF LABEL</u>	<u>DEFAULT TITLE</u>	<u>EXAMPLE</u>
ADMISSION DATE	RECORD or REQUEST		02/08/93
ADMITTING PHYSICIAN	RECORD or REQUEST		WELBY, MARCUS
AGE	RECORD or REQUEST	Age:	65
APPOINTMENT CLINIC	RECORD		ENT CLINIC
APPOINTMENT DATE	RECORD		02/08/93
APPOINTMENT PROVIDER	RECORD		WELBY, MARCUS
ATTENDING PHYSICIAN	RECORD		WELBY, MARCUS
BARCODE FOR BORROWER	BORROWER		6/234
BARCODE FOR RECORD	RECORD or REQUEST		A2222/12345
BARCODE FOR REQUEST	REQUEST		REQ12234-
BARCODE NAME	ALL	NAME	JOHN DOE
BORROWER'S LOCATION	BORROWER	Borrower's Loc:	RM 456-D
BORROWER'S PHONE	BORROWER	Phone #:	444-3333
CURRENT BORROWER/LOCATION	REQUEST	Current Bor:	WELBY, MARCUS
CURRENT DATE/TIME	ALL	Printed at:	Aug 6, 1986
CURRENT PHONE #	REQUEST	Current Phone#:	333-5533
CURRENT ROOM#	REQUEST	Current Room#:	456D-1
DATE OF BIRTH	RECORD or REQUEST	Dob:	05/10/57
DEERS ELIGIBILITY CODE	RECORD or REQUEST	DEERS:	E-50
FMP/SSN	RECORD or REQUEST	FMP/SSN:	99/999-99-9999
FREE TEXT	ALL		
FREE TEXT1	ALL		
FREE TEXT2	ALL		
FREE TEXT3	ALL		
FREE TEXT4	ALL		
FREE TEXT5	ALL		
FREE TEXT6	ALL		
HOME LOCATION	RECORD or REQUEST	Home Location:	TROY ISC
NAME	ALL	Name:	DOE, JANE
MTF	ALL	MTF:	FT. KNOX
PATIENT CATEGORY	RECORD or REQUEST	PAT CAT:	
PATIENT PHONE	RECORD or REQUEST		555-1212
RECORD #	RECORD or REQUEST	Record #:	12345
REGISTER NUMBER	RECORD or REQUEST		8888888
REQUEST #	REQUEST	Request #:	566
REQUEST COMMENT	REQUEST	Comment:	SEND TO DR. CASEY
REQUESTED DATE/TIME	REQUEST	Needed:	JAN 17, 1986 11:30
REQUESTING USER	REQUEST	User:	BOB TYPUSER
REQUESTOR	REQUEST	Borrower:	ICU
REQUESTOR'S DIVISION	REQUEST	Requestor's Div:	MAIN DIVISION
REQUESTOR'S LOCATION	REQUEST	Requestor's Loc:	RM 456-D
REQUESTOR'S PHONE	REQUEST	Requestor's Phone #:	444-3333
SEX	RECORD or REQUEST	Sex:	FEMALE
SPONSOR DUTY PHONE	RECORD or REQUEST		619-535-7118
SPONSOR GRADE/RANK	RECORD or REQUEST		A06
SPONSOR NAME	RECORD or REQUEST		DOE, JOHN
STATION/UNIT	RECORD or REQUEST		2ND MAR DIV
TYPE OF RECORD	RECORD or REQUEST	Record Type:	MEDICAL RECORD
VETERAN	RECORD or REQUEST	Veteran:	YES
VOLUME NUMBER	RECORD or REQUEST	Volume #:	999

FIELD: Name of field that will appear on the label.
TYPE: Record, Request, or Borrower

LABEL FORMAT WORKSHEET

LABEL FORMAT NAME: OUTPATIENT STANDARD LABEL

APPLICATION: ☒ MEDICAL RECORDS

TYPE OF LABEL: ☒ RECORD (**r**) ☐ BORROWER (**b**) ☐ REQUEST(**q**)

PRINT FIELD	ROW	COL	TITLE(OPTIONAL)	LITERAL TEXT	SIZE	BARCODE
HOME LOCATION	1	14			2	N
NAME	5	1	PATIENT:		3	N
FMP/SSN	7	1	FMP/SSN:		3	N
DATE OF BIRTH	9	1	DOB:		2	N
SEX	9	14	SEX:		2	N
_____	—	—	_____	_____	—	Y N
_____	—	—	_____	_____	—	Y N
_____	—	—	_____	_____	—	Y N
_____	—	—	_____	_____	—	Y N
_____	—	—	_____	_____	—	Y N
_____	—	—	_____	_____	—	Y N
_____	—	—	_____	_____	—	Y N
_____	—	—	_____	_____	—	Y N
_____	—	—	_____	_____	—	Y N
_____	—	—	_____	_____	—	Y N
_____	—	—	_____	_____	—	Y N
_____	—	—	_____	_____	—	Y N
_____	—	—	_____	_____	—	Y N

NUMBER OF ROWS IN FORMAT:

(1-66)

NUMBER OF LABELS:

(1-99)

LABEL FORMAT WORKSHEET

LABEL FORMAT NAME: OUTPATIENT STANDARD LABEL

										S	A	M	P	L	E		O	P		R	E	C	S									
--	--	--	--	--	--	--	--	--	--	---	---	---	---	---	---	--	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--

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4.3.6.3 Record Type Set-Up.

Defines the various medical record types and their parameters. The system comes with two standard record types, OUTPATIENT and INPATIENT for medical records. If this is a multi-divisional site, only one form per medical record type needs to be completed. All divisions must agree with the parameters for all record types with the exception of overdue cutoff days, which is definable by each record room for that record type.

NAME: Required Field; Free Text 3-30 characters, Alpha characters only.

The name of the record type.

Example: Outpatient

ABBREVIATION: Free Text 1-3 characters.

Short code for the record type.

Example: OUT for Outpatient Medical Record.

CAN RECORD BE REQUESTED?: Set of Codes: y for YES
n for NO

Indicates whether this record type may requested by a user or by pull list functions. If NO, this record type will not appear on a pull list.

Suggested entry: YES

IS RECORD TEMPORARY?: Set of Codes: y for YES
n for NO

Indicates whether this is a temporary record. The user may need to create a temporary record for a patient if the OUTPATIENT record is missing.

Example: NO

ASK FOR CONTENT DESCRIPTOR?: Set of Codes: y for YES
n for NO

If a 'YES' response is entered for this parameter, users will be prompted to enter an optional description of the contents of a record when a new record is created using the Create a Label/Record/Volume option. The content descriptor is also displayed in Record Inquiry.

At this time, an answer of 'no' to this field will not prevent the prompt from appearing to the user.

Suggested entry: NO

**MASTER
FOLDER:**

Pointer to the Record Types File (#195.2).

For use by Image Tracking (RAD ONLY). ***LEAVE
BLANK***

MULTIPLE VOLUMES

ALLOWED?: Set of Codes: y for YES
n for NO

Indicates whether or not there can be more than one volume per patient of this Record Type. Both inpatient, outpatient and most other record types will have more than one volume.

Example: YES

DESCRIPTION: Free Text 1-80 characters.

Optional description of the record type.
Example: Outpatient Record Type or Inpatient Record Type.

INQUIRY DISPLAY

ORDER: Required Field; Whole Number between 0 and 999.

This is the order in which the record type will appear on the Record Inquiry.

Example: Outpatient 1, Inpatient 2, etc.

INACTIVATION

DATE: DO NOT USE during initial data collection and data entry.

RECORD LABEL

FORMAT: Pointer to the Label Format File (#194.4)

The label format which should be printed when a new record is created. Only record label formats associated with the MRT application are allowed.

Example: Outpatient Label, Inpatient Label

REQUEST NOTICE

FORMAT: Pointer to the Label Format File (#194.4)

The label format which should print when this record type is requested. Only request notice

formats associated with the MRT application are allowed.

Example: Chart Request Notice

PENDING REQUEST CUTOFF

(DAYS): Whole number between 1 and 100.

The number of days an unfilled request for the record type may remain in 'PENDING' status before it reverts to a status of 'UNFILLED' and the request is purged by the RT purge process. Try to keep the number as low as possible in order to prevent a 'build-up' in the REQUESTED RECORDS file. **NOTE:** Does not apply to pull lists. A pull list in a requested status will only be purged after 30 days.

Example: 9

CURRENT BORROWER FUTURE REQUEST TIME MINIMUM (MINUTES):

Whole Number between 1 and 99999.

The earliest future date/time, in minutes, that the current borrower of a record may request that same record after he/she has returned it. Said another way, how long does he/she have to wait to request this same record again. (1440 minutes = 1 day.) This field may also be left blank, thereby not restricting the borrowing of records by the same borrower consecutively.

Suggested entry: blank

PREVIOUS MOVEMENTS

TO RETAIN:

Whole Number between 10 and 100.

The number of previous movements of a record(e.g., charge-out, check-in) which should be retained online for this record type. Remember that this is specific to the individual record. For example, if you set the outpatient record type to retain 25 movements and a patient has 3 volumes of their outpatient record, up to 25 movements will be stored online for each volume, totalling a possible 75 movements to print/display just for this patient's outpatient records. Try to keep the number of previous movements as low as possible.

Example: 20

REQUEST PURGE CUTOFF

(DAYS): Whole Number between 1 and 100.

The number of days requests, (filled and pending), should be retained in the system before being purged. Try to keep the number as low as possible.

Example: 10

OK TO PURGE

DATA?: Set of Codes: y for YES
n for NO

When set to yes, old pull list requests, previous movements, etc. are purged.

Suggested entry: YES

CONTROL OF FINDING

RECORDS: Set of Codes: f for FILE ROOM SUPERVISOR ONLY!
a for ANY USER

This defines which users are able to remove 'missing' record flags from the record type. If set to FILE ROOM SUPERVISOR ONLY, only users who hold the RT MRT-FR-SUPER security key will be able to remove the missing flag from the record. If set to ANY USER, any user, including PAS users can remove the 'missing' flag and process the record. A bulletin is generated and sent to all members of the mail group set up for MRT missing records bulletins and to all holders of the RT MRT-FR-SUPER security key.

Suggested entry: Any User

LINKED

RECORDS: Pointer to the Record Types File (#195.2);
Multiple values allowed.

Other record types which should also be created when this record type is initially created.

It is not suggested to use this option with MRT. This option was designed for Image Tracking. With medical records, not every patient will have every record type. The individual file rooms should create their own records.

ALLOWABLE FILE

ROOMS: Pointer to the Borrowers/File Areas File (#195.9);
Multiple values allowed.

All file rooms which may store this record type. The system will only allow file rooms associated with the MRT application are to be entered here. At a multi-division site, ALL division file rooms that have this record type MUST be entered here. If the file areas are not identified here, they will not be able to create these records in their filerroom.

Example: Outpatient Record Room

ALLOWABLE FILE ROOMS (sub-field):

**OVERDUE RECORD
CUTOFF (DAYS):**

Whole number between 1 and 100.

Sub-field of Allowable File Rooms. Enter the number of days a record may be kept by a borrower before it becomes overdue for this filerroom. It is best to keep this number low.

Suggested entry: 5

DATA COLLECTION/ANALYSIS/ENTRY

- a. Build this file after building Label Formats (label formats must be attached).
- b. One data collection form is completed per medical record type. At a multi-divisional site, all divisions must agree on the same information per record type (Example: the host MTF and outlying sites all use Outpatient medical record type, however, only one Outpatient Record type Set-Up form is submitted).
- c. Menu Path: SD --> TYS
- d. 'Multiple Volumes Allowed?:' set to YES for inpatient and outpatient record types and all other record types which may utilize multiple folders/charts/etc.

Entries in this file:

- a. Point to Label Format file (#194.4), Record Tracking Application file (#195.1), and Borrowers-File Areas file (#195.5).
- b. Required fields: Name, Inquiry Display Order
- c. A listing of record types may be printed through the use of an ad hoc report. Please refer to the print template provided in Appendix E of this guide.

- d. A 'Temporary' record type may be useful for outpatient filerooms, where the patient may need the use of a medical record more frequently. If the original medical record is missing or inactivated for any reason, the temporary folder may be used.

Input Screen Example:

Screen One:

```
RECORD TYPES: {name of record type selected}          RT TYPE SET-UP

Name: {record type name}                               Abbreviation:
Can Record Be Requested?:                               Is Record Temporary?:
Ask for Content Descriptor?:
Master Folder:
Multiple Volumes Allowed?:
Description:

Inquiry Display Order:                                Inactivation Date:

                                           *Label Format Specifications*

Record Label Format:
Request Notice Format:
```

Screen Two:

```
RECORD TYPES: {record type name}                      RT TYPE SET-UP -- CONTINUATION

                                           *Cutoff/Purge Parameters*

Pending Request Cutoff (Days):
Current Borrower Future Request Time Minimum (Minutes):

# Previous Movements to Retain:
Request Purge Cutoff (Days):
OK to Purge Data?:

                                           *Missing Record Control Parameters*

Control of Finding Records:
```

Screen Three:

```
RECORD TYPES: {record type name}                      RT TYPE SET-UP -- CONTINUATION

                                           *Other Records to Create When*
                                           *Initializing the {record type name}*

Linked Records:

                                           *File Rooms Allowed to Store {record type name}*

Allowable File Rooms:
{multiple field}
```

Sub-Screen of 'Allowable File Rooms':

```
ALLOWABLE FILE ROOMS: {name of file room}             RT TYPE SET-UP -- CONTINUATION

Allowable File Room: {name of file room}
Overdue Record Cutoff (Days):
```

(PAGE 1 OF 2)

[illegible]

(3-30 characters)

APPLICATION:	X	MEDICAL RECORDS TRACKING
---------------------	---	--------------------------

ABBREVIATION: S A M

(1-3 characters)

CAN RECORD BE REQUESTED?: ☒ Y YES ☐ NO

IS RECORD TEMPORARY?: ☐ YES ☒ NO

ASK FOR CONTENT DESCRIPTOR?: ☒ Y YES ☐ NO

MASTER FOLDER: Image Tracking (RAD ONLY) LEAVE BLANK.

MULTIPLE VOLUMES ALLOWED: ☒ Y YES ☐ NO

DESCRIPTION:

S	A	M	P	L	E	R	E	C	O	R	D	T	Y	P	E																								

(1-80 characters)

INQUIRY DISPLAY ORDER:		7	(0-999)
------------------------	--	---	---------

RECORD TYPE SET-UP
(PAGE 2 OF 2)

LABEL FORMAT SPECIFICATIONS

RECORD LABEL FORMAT: OUTPATIENT STANDARD LABEL

REQUEST NOTICE FORMAT: CHART REQUEST NOTICE

CUTOFF/PURGE PARAMETERS

PENDING REQUEST CUTOFF (DAYS):

		3
--	--	---

 (1-100)

CURRENT BORROWER FUTURE REQUEST TIME MINIMUM (MIN):

--	--	--	--	--

 (1-99999)

PREVIOUS MOVEMENTS TO RETAIN:

	2	5
--	---	---

 (10-100)

REQUEST PURGE CUTOFF (DAYS):

		3
--	--	---

 (1-100)

OK TO PURGE DATA?:

Y

 YES

--

 NO

MISSING RECORD CONTROL PARAMETERS

CONTROL OF FINDING RECORDS:

F

 FILE ROOM SUPERVISOR ONLY (**f**)

--

 ANY USER (**a**)

OTHER RECORDS TO CREATE WHEN INITIALIZING THE RECORD TYPE

LINKED RECORDS: _____

FILE ROOMS ALLOWED TO STORE RECORD TYPE

ALLOWABLE FILE ROOMS: SAMPLE OUTPATIENT RECORDS

4.3.6.4 RT Application Set-Up.

RECORD TRACKING APPLICATION SET-UP

The following parameters must be defined for the MRT application. If this is a multi-divisional site, each division must complete the division parameters section of this form. The remaining sections need to be agreed upon by all divisions.

APPLICATION: Required Field; (M)edical Record Tracking
(I)mage Tracking

Enter: Medical Record Tracking

SERVICE: Pointer to the Department and Service File.

The Department/Service responsible for the application. This field should be left blank.

Example: Patient Administration or Department of Administration.

Suggested entry: **LEAVE BLANK**

SYNONYMS: Free Text 3-30 characters; Multiple values allowed.

Alternate names or codes for the application. At least one synonym **MUST** be entered.

Example: MRT or RT

* DIVISION PARAMETERS*

DIVISION: Pointer to the Medical Center Division File. Multiple values allowed. Enter **ALL** divisions that will use MRT.

The following parameters apply to each division that will be using the application. Enter the division associated with this MRT application. This division entry will appear as a default, however the user may enter another allowable division if he/she has access.

Example: (enter name of MTF or outlying division name)

DIVISION (sub-fields):

CENTRAL FILE

AREA: Pointer to the Borrowers-File Areas File (#195.9).

This is the central file room for this MRT application and division. The file room entered in this field will be displayed as the default when signing into the MRT application in that division. Also patients who were registered in a given division will appear on the batch list for that division's central file area.

Example: Outpatient Record Room

**DEFAULT PULL
LIST SORT:**

Set of Codes: 't' for TERMINAL DIGITS
'c' for CLINIC NAME THEN
TERMINAL DIGITS
'a' for APPOINTMENT TIME
'p' for CLINIC NAME THEN
PATIENT NAME

The method by which pull lists are generally sorted for the MRT application in this division. This is for default only. User can change pull list sort when pull lists are run.

Suggested entry: Clinic Name Then Terminal Digits

**FOLDER PULL
METHOD:**

Set of Codes: '0' for PULL SUB-FOLDER
'1' for PULL MASTER FOLDER

Image Tracking (RAD ONLY). LEAVE BLANK.

**PRINT PULL
NOTICE:**

Set of Codes: '0' for Print only if request
not charged
'1' for Always print pull notice

Image Tracking (RAD ONLY). LEAVE BLANK.

RECORD TYPE PARAMETERS WITHIN (DIVISION)

**TYPE OF
RECORDS:**

Required Field; Pointer to the Record Types File (#195.2). Multiple values allowed.

Each record type associated with the MRT application for this division must be entered.

Example: Outpatient, Inpatient, Temporary

DEFAULT HOME

LOCATION: Pointer to the Borrowers-File Areas File (#195.9).

File room associated with the division and MRT application. This is the home location the system should assign to records when they are initially created in this division, although the user has the option to enter any home location to which they have access. This must be a file room.

Example: Outpatient Records

MONTHS OF

INACTIVITY: Pointer to the Borrowers-File Areas File (#195.9)

Enter the number of months back the system will search a record when creating a retire/transfer list. A record will be included in this list if the date of last activity, which is entered when the list is created, is prior to the number of months entered in this field.

Example: 60 months

DEFAULT INITIAL

BORROWER: Pointer to the Borrowers-File Areas File (#195.9)

This is the borrower the record will be charged to upon creation. Usually this is the same as the default home location.

Example: Outpatient Record Room

CHARGE TAG

FORMAT: Pointer to the Label Format File (#194.4)

The name of the Charge Tag (charge-out card) format to be used when charging out records. A new label format, 3-30 characters can also be entered at this time, but the user would then have to go into Label Format functions and define the parameters of that label.

Example: Charge Out/Routing Card

ROUTING TAG

FORMAT: Pointer to the Label Format File (#194.4)

The name of the Routing Tag (routing card) format to be used when charging out records. A new label format, 3-30 characters can also be entered at this time, although this is generally the same as the charge-out card.

Example: Charge Out/Routing Card

MISCELLANEOUS PARAMETERS

PROFILE/REPORT

HEADER: Free Text 5-40 characters.

This field allows definition of the heading which will appear on the 'Record Inquiry' and 'Trace Movement History' reports.

Recommended header: MEDICAL RECORDS REPORT

ENTITY SELECT

PROMPT: Free Text 3-40 characters.

This field is used to enter the wording to appear on the screen for 'Select' prompts which point to the PATIENT file. Use both upper and lower case letters.

Recommended entry: Select Patient

ENTITY DISPLAY

HEADER: Free Text 3-25 characters.

This field is used in the 'Records Charged to a Borrower' report as the title for the patient name list, and above any report columns which feature the NAME field from the PATIENT file. Use both upper and lower case letters.

Recommended entry: Patient Name

RECORD

PROMPT: Free Text 3-30 characters.

This prompt is used in all options in the Transaction Menu, in the Request A Record option and at any point in which the system is looking at the RECORDS file. Use both upper and lower case letters.

Recommended entry: Record

DEFAULT RECORD

CREATION: Pointer to the Record Types file (#195.2)

Enter the type of record the system should initially create for a patient in this application. If any linked records have been defined, these will be created at the same time.

Recommended entry: OUTPATIENT

BORROWER BARCODE

FORMAT: Pointer to the Label Format File (#194.4)

The label format to be printed for borrowers associated with the MRT application. Either a standard format or a site defined format may be used. NOT DIVISION SPECIFIC. All divisions must use the same Borrower Barcode Format.

Example: Borrower Label

**FILE ROOM
SUPERVISOR**

KEY: Free Text; Must be one of the 'RT' security keys.

The appropriate RT supervisor security key for this MRT application. Must be agreed upon by all divisions. Note: Each file room may have an additional security key, unique to their fileroom which is entered in File Room Set-Up. Holders of this key will receive all RT mail bulletins.

Recommended entry: RT MRT-FR-SUPER

**FILE ROOM
STAFF KEY:**

Free Text; Must be one of the 'RT' security keys.

The appropriate RT staff security key for this MRT application. May also be utilized to lock filerooms.

Recommended entry: RT MRT-FR-STAFF

DELETED RECORD

MAIL GROUP: Pointer to the Mail Group File (#3.8).

The mail group must be setup initially through the Manage MailMan menu. The deleted record mail group will receive bulletins each time an MRT record is deleted from the system. **NOTE:** Holders of the RT DELETE key will also receive these bulletins.

Example: MRT DELETE

MISSING RECORD

MAIL GROUP: Pointer to the Mail Group File (#3.8).

The mail group which is to receive bulletins when a record is flagged as missing or has a missing flag removed.

Example: MRT MISSING

BORROWER PARAMETERS

BORROWER FILE

PARAMETERS: Multiple values allowed.

This group of parameters allows definition of the different entities which may be defined as borrowers. Entities from the following files may be used:

- a. HOSPITAL LOCATION (#44)
- b. MEDICAL CENTER DIVISION (#40.8)
- c. MEDICAL TREATMENT FACILITY (#4)
- d. ADDITIONAL MEDICAL TREATMENT FACILITY (#8101.1)
- e. PROVIDER (#6)
- f. RT FILEROOM SPECIFIC LOCATIONS (#8376).

BORROWER FILE PARAMETERS (sub-field):

BORROWER

FILE: This will be filled in as you enter this from screen one. It will be one of the six file entries listed above.

**ASK PHONE/
ROOM?:**

Set of Codes: 'y' for YES
'n' for NO

When a borrower is selected the system can be set to prompt the user to update the borrower's phone number and location/room.

Suggested entry: NO

**ASK FOR
ASSOCIATED
BORROWER?:**

Set of Codes: 'y' for YES
'n' for NO

When this borrower class is selected, should the user be prompted to enter an Associated Borrower? Best use may be in the case of ward and clinic as borrowers (enter the ward/clinic as the borrower, and the HCP as the associated borrower).

Suggested Entry: NO

**SHOW CHARGED
RECORDS:**

Set of Codes: 'y' for YES
'n' for NO

When a borrower is selected, should the system display all medical records currently charged to that borrower? In the case of divisions, which rarely have records charged to them, you may want to answer 'yes' here. However, with clinics and providers, who may have literally hundreds of records charged to them at any one time, it is usually cumbersome and time-consuming for the user to return through multiple screens of information, and the parameter in this case should probably be set to 'no'.

Suggested entry: NO

Input Sample Screen:

Screen One:

RECORD TRACKING APPLICATION: {Application you are in} RT APPL SET-UP -- CONTINUATION
Application Set-Up for MEDICAL RECORDS TRACKING

Service:
Synonyms:
(multiple field)

Sub-Screen:

SYNONYMS: {synonym} RT APPL SET-UP -- CONTINUATION
Synonym: {synonym} <--User can change or remove this here
Division Parameters

Division:
(multiple field)

Sub-Screen One:

DIVISION: {division} RT APPL SET-UP -- CONTINUATION
Division: {division}
Central File Are:
Default Pull List Sort:
Folder Pull Method:
Print Pull Notice:

Sub-Screen Two:

DIVISION: {division} RT APPL SET-UP -- CONTINUATION

SAIC/CHCS Doc. TC-4.4-0579
18 Sep 1995

Type of Records:
(multiple field)

*Record Type Parameters Within {**division**}*

Sub-Screen of Type of Record:

TYPE OF RECORDS: {record type}

RT APPL SET-UP -- CONTINUATION

Type of Record: {record type}
Default Home Location:
Default Initial Borrower:
Charge Tag Format:
Routing Tag Format:

Screen Two:

RECORD TRACKING APPLICATION: {application}

RT APPL SET-UP -- CONTINUATION

Miscellaneous Parameters

Profile/Report Header:
Entity Select Prompt:
Entity Display Prompt:
Record Prompt:

Default Record Creation Type:
Borrower Barcode Format:

File Room Supervisor Key:
File Room Staff Key:

Deleted Record Mail Group:
Missing Record Mail Group:

Screen Three:

RECORD TRACKING APPLICATION: {application}

RT APPL SET-UP -- CONTINUATION

Borrower Parameters

Borrower File Parameters:
(Multiple Field)

Sub-Screen of Borrower File Parameters:

BORROWER FILE PARAMETERS: {file name}

RT APPL SET-UP -- CONTINUATION

Borrower: {borrower file name}
Ask Phone/Room?:
Ask for Associated Borrower?:
Show Charged Records?:

DATA COLLECTION/ANALYSIS/ENTRY

Borrower File Parameters: EXAMPLES

<u>Borrower</u>	<u>Ask Phone/Room</u>	<u>Ask for Associated Borrower</u>	<u>Show Chg'd Records</u>
Hosp Location	YES	NO	NO
Med Center Div	NO	YES	YES
MTF	NO	YES	YES
ADDITIONAL MTF	NO	YES	YES
Provider	YES	NO	NO
RT Fileroom Spec	YES	YES	YES

- a. Good sources for the data for this file are:
 1. System Administrator
 2. PAD Department Head
 3. Physician/Nursing POCs
 4. Clinic/Fileroom Supervisors.
- b. Miscellaneous parameters are NOT division specific.
- c. Files which the command may not want as borrowers (such as Medical Center Division), should not be entered in the Borrower Parameters.
- d. Mail groups must be set up in advance of building the application by the site manager or system administrator.
- e. Entity Select Prompt
This entry will appear in:
TM-->CV Create a Label/Record/Volume
IN-->RI Record Inquiry
IN-->SR Short Record Inquiry
IN-->TM Trace Movement History.
- f. File Build Menu Path: SD -->APP.
- g. For an Ad Hoc print of this file, use the print template provided in Appendix E of this guide.

RECORD TRACKING APPLICATION SET-UP
(PAGE 1 OF 4)

APPLICATION: ☒ MEDICAL RECORD TRACKING

SERVICE: _____ (LEAVE BLANK!!)
(select from Department and Service File)

SYNONYMS: MRT

MAS

(3-30 characters)

DIVISION PARAMETERS

DIVISION: SAMPLE MEDICAL DIVISION
(select from Medical Center Division File)

CENTRAL FILE AREA: SAMPLE OUTPATIENT RECORDS

DEFAULT PULL LIST SORT:

☐

TERMINAL DIGITS (**t**)

☒

CLINIC NAME THEN TERMINAL
DIGITS (**c**)

☐

APPOINTMENT TIME (**a**)

☐

CLINIC NAME THEN PATIENT NAME (**p**)

FOLDER PULL METHOD: RAD ONLY. LEAVE BLANK

PRINT PULL NOTICE: RAD ONLY. LEAVE BLANK

TYPE OF RECORD: SAMPLE

DEFAULT HOME LOCATION: SAMPLE OUTPATIENT RECORDS

DEFAULT INITIAL BORROWER: SAMPLE OUTPATIENT RECORDS

CHARGE TAG FORMAT: CHARGE OUT/ROUTING CARD

ROUTING TAG FORMAT: CHARGE OUT/ROUTING CARD

RECORD TRACKING APPLICATION SET-UP
(PAGE 2 OF 4)

TYPE OF RECORD: _____

DEFAULT HOME LOCATION: _____

DEFAULT INITIAL BORROWER: _____

CHARGE TAG FORMAT: _____

ROUTING TAG FORMAT: _____

TYPE OF RECORD: _____

DEFAULT HOME LOCATION: _____

DEFAULT INITIAL BORROWER: _____

CHARGE TAG FORMAT: _____

ROUTING TAG FORMAT: _____

TYPE OF RECORD: _____

DEFAULT HOME LOCATION: _____

DEFAULT INITIAL BORROWER: _____

CHARGE TAG FORMAT: _____

ROUTING TAG FORMAT: _____

TYPE OF RECORD: _____

DEFAULT HOME LOCATION: _____

DEFAULT INITIAL BORROWER: _____

CHARGE TAG FORMAT: _____

ROUTING TAG FORMAT: _____

RECORD TRACKING APPLICATION SET-UP
(PAGE 3 OF 4)

MISCELLANEOUS PARAMETERS

PROFILE/REPORT HEADER:
(5-40 characters)

M	E	D	I	C	A	L		R	E	C	O	R	D						

ENTITY SELECT PROMPT:
(3-40 characters)

P	A	T	I	E	N	T													

ENTITY DISPLAY HEADER:
(3-25 characters)

P	A	T	I	E	N	T													
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

RECORD PROMPT:

R	E	C	O	R	D		#	:											
---	---	---	---	---	---	--	---	---	--	--	--	--	--	--	--	--	--	--	--

(3-30 characters)

DEFAULT RECORD CREATION TYPE: OUTPATIENT

BORROWER BARCODE FORMAT: BORROWER STANDARD LABEL

FILE ROOM SUPERVISOR KEY: RT MRT-FR-SUPER

FILE ROOM STAFF KEY: RT MRT-FR-STAFF

DELETED RECORD MAIL GROUP: RT DELETED RECORDS

MISSING RECORD MAIL GROUP: RT MISSING RECORDS

RECORD TRACKING APPLICATION SET-UP
(PAGE 4 OF 4)

BORROWER PARAMETERS

BORROWER: Hospital Location File: (Active Clinics, Wards, File Rooms)

ASK PHONE/ROOM?:	<input checked="" type="checkbox"/>	YES (y)	<input type="checkbox"/>	NO (n)
ASK FOR ASSOCIATED BORROWER:	<input type="checkbox"/>	YES (y)	<input checked="" type="checkbox"/>	NO (n)
SHOW CHARGED RECORDS?:	<input type="checkbox"/>	YES (y)	<input checked="" type="checkbox"/>	NO (n)

BORROWER: Medical Center Division File:

ASK PHONE/ROOM?:	<input type="checkbox"/>	YES (y)	<input checked="" type="checkbox"/>	NO (n)
ASK FOR ASSOCIATED BORROWER:	<input checked="" type="checkbox"/>	YES (y)	<input type="checkbox"/>	NO (n)
SHOW CHARGED RECORDS?:	<input checked="" type="checkbox"/>	YES (y)	<input type="checkbox"/>	NO (n)

BORROWER: Medical Treatment Facility File:

ASK PHONE/ROOM?:	<input type="checkbox"/>	YES (y)	<input checked="" type="checkbox"/>	NO (n)
ASK FOR ASSOCIATED BORROWER:	<input type="checkbox"/>	YES (y)	<input checked="" type="checkbox"/>	NO (n)
SHOW CHARGED RECORDS?:	<input checked="" type="checkbox"/>	YES (y)	<input type="checkbox"/>	NO (n)

BORROWER: Provider File:

ASK PHONE/ROOM?:	<input checked="" type="checkbox"/>	YES (y)	<input type="checkbox"/>	NO (n)
ASK FOR ASSOCIATED BORROWER:	<input type="checkbox"/>	YES (y)	<input checked="" type="checkbox"/>	NO (n)
SHOW CHARGED RECORDS?:	<input type="checkbox"/>	YES (y)	<input checked="" type="checkbox"/>	NO (n)

BORROWER: Additional Medical Treatment Facility File:

ASK PHONE/ROOM?:	<input type="checkbox"/>	YES (y)	<input checked="" type="checkbox"/>	NO (n)
ASK FOR ASSOCIATED BORROWER:	<input type="checkbox"/>	YES (y)	<input checked="" type="checkbox"/>	NO (n)
SHOW CHARGED RECORDS?:	<input checked="" type="checkbox"/>	YES (y)	<input type="checkbox"/>	NO (n)

BORROWER: RT Fileroom Specific:

ASK PHONE/ROOM?:	<input checked="" type="checkbox"/>	YES (y)	<input type="checkbox"/>	NO (n)
ASK FOR ASSOCIATED BORROWER:	<input checked="" type="checkbox"/>	YES (y)	<input type="checkbox"/>	NO (n)
SHOW CHARGED RECORDS?:	<input checked="" type="checkbox"/>	YES (y)	<input type="checkbox"/>	NO (n)

**RECORD TRACKING APPLICATION SET-UP
(ADDITIONAL DIVISIONS)**

DIVISION: _____
(select from Medical Center Division File)

CENTRAL FILE AREA: _____

DEFAULT PULL LIST SORT:	<input type="checkbox"/>	TERMINAL DIGITS (t)
	<input type="checkbox"/>	CLINIC NAME THEN TERMINAL DIGITS (c)
	<input type="checkbox"/>	APPOINTMENT TIME (a)
	<input type="checkbox"/>	CLINIC NAME THEN PATIENT NAME (p)

FOLDER PULL METHOD: RAD ONLY. LEAVE BLANK

PRINT PULL NOTICE: RAD ONLY. LEAVE BLANK

TYPE OF RECORD: _____

DEFAULT HOME LOCATION: _____

DEFAULT INITIAL BORROWER: _____

CHARGE TAG FORMAT: _____

ROUTING TAG FORMAT: _____

TYPE OF RECORD: _____

DEFAULT HOME LOCATION: _____

DEFAULT INITIAL BORROWER: _____

CHARGE TAG FORMAT: _____

ROUTING TAG FORMAT: _____

TYPE OF RECORD: _____

DEFAULT HOME LOCATION: _____

DEFAULT INITIAL BORROWER: _____

CHARGE TAG FORMAT: _____

4.3.6.5 Additional MTF Set-Up.

This form is used to set up other non-Department of Defense (DoD) MTFs will be allowed to borrower records. This file is shared with PAD and LAB, so the facility entry needs to be coordinated with those departments.

It is important to note that a facility must be entered and/or looked up by a three character code, usually an abbreviation or acronym of the facility name. This must be a unique code.

FACILITY

CODE: Required field; 3 characters, alpha/numeric

Enter a unique identifier code, alpha or numeric of 3 characters.

Example: NGH (for Norfolk General Hospital)

NAME: Required field; 3-45 characters

Enter the full name of the facility.

Example: NORFOLK GENERAL HOSPITAL

STREET ADDRESS 1:

Free text field; 2-40 characters

STREET ADDRESS 2:

Enter the address line(s) (up to two lines available in the two field spaces).

Example: 1:5107 Leesburg Pike
2:Suite 2200

CITY: Free text field; 2-40 characters

Enter the city associated with the location. This does NOT point to the Geographic Location file.

Example: Norfolk

STATE: Pointer to the Geographic Location file

Enter the state in which the location resides.

Example: VA

ZIP CODE: Pointer to the Zip Code file.

Enter a valid Zip Code for the location.

Example: 28542

DATA COLLECTION/ANALYSIS/ENTRY:

- a. Menu Path: SD -->AMF
- b. Additional MTFs may be entered at anytime during the F/T build.
- c. It is important to coordinate entries with LAB and PAD, who also share this file.
- d. No entries come with the system.
- e. To print entries with an Ad Hoc report:

Menu Path: PAD --> ORM --> FOUT -->

Print Output from what file: **ADDITIONAL MEDICAL
TREATMENT FACILITY**

Sort by: FACILITY CODE//

Start with FACILITY CODE: FIRST//

First Print FIELD: **FACILITY CODE;C1;L4;S;"Code"**

Then Print FIELD: **NAME;C6;L23;"Facility"**

Then Print FIELD: **"ADDRESS:";C1;S**

Then Print FIELD: **"STREET ADD 1: "_STREET ADDRESS 1;C1**

Then Print FIELD: **"STREET ADD 2: "_STREET ADDRESS 2;C1**

Then Print FIELD: **"CITY: "_CITY;C1**

Then Print FIELD: **"STATE: "_STATE;C1**

Then Print FIELD: **"ZIP CODE: "_ZIP CODE;C1**

NON-DoD MEDICAL TREATMENT FACILITY (4.01)
ADDITIONAL MEDICAL TREATMENT FACILITY (4.1)
FILE # 8101.1

FACILITY CODE:

N	E	F
---	---	---

NAME :

[illegible]

STREET ADDRESS 1:

[illegible]

STREET ADDRESS 2:

[illegible]

CITY:

[illegible]

STATE/LOC:	M	D
------------	---	---

ZIP CODE:	0	9	0	9	0
-----------	---	---	---	---	---

4.3.6.6 Reasons File Set-Up.

This option is used to enter/edit allowable reasons used in your system for canceling requests and finding missing records, and to associate them with the function for which they may be used. If this is a multi-divisional site, all divisions may submit reasons. File is deployed with some canned reasons.

NAME: Required Field.
Free text 3-30 characters, not numeric or starting with a punctuation.

Enter a new or edit an existing reason. In the 'Cancel a Request' option, a reason to cancel a request is required and in the 'Flag Record as Missing' option, a reason why the record was missing is required when missing flag is removed.

Example: Not Charged Out

TYPE OF REASON: Set of Codes: c for Cancel Request
m for Missing Record
g for General

This code will define the purpose of this reason.

DESCRIPTION: You may enter a free text explanation of the reason at this prompt (word processing field).

Example: This missing record was not charged out and was found within the file room.

DATA COLLECTION/ANALYSIS/ENTRY:

- a. Menu path: SD --> RES
- b. Reasons file entries may be entered at any point during the F/T build.
- c. Files comes with the following entries: CANCELLED APPOINTMENT, HELD BY HCP, HELD BY PATIENT, RECORD NOT AVAILABLE, RECORD NOT NEEDED.
- d. The site can also set up reasons for canceling requests, reasons why the record was missing when the missing flag is removed. For example, when the missing record is found; the user will be prompted to identify where was the record found and a REASON, then a user or supervisor comment depending on the security key held.
- e. Ad Hoc print: PAD --> ORM --> FOUT --> Print

Output from what file: **REASONS**
Sort by: NAME//
Start with NAME: FIRST//
First Print FIELD: **NAME;C1;"REASON"**
Then Print FIELD: **TYPE OF REASON;C35;"Type"**
Then Print FIELD: **DESCRIPTION;C50**

REASON FILE SET-UP

REASON:

M	I	S	F	I	L	E	D												

(3-30 characters)

TYPE OF REASON:

☐

CANCEL REQUEST (c)

☒

MISSING RECORD (m)

☐

GENERAL (g)

DESCRIPTION: RECORD WAS MISFILED AFTER RETURN TO FILEROOM

4.3.6.7 Record Tracking System Overall Parameters.

The parameters set through this option determine interface and system conditions for both MRT and Image Tracking. The functionality which comes online first should set these parameters. If these parameters are not set correctly, obsolete data will not be purged and users may not be able to enter the application.

QUEUE

THRESHOLD: This determines how many transactions will be processed "while you wait". Example: If the queue threshold is set to 10 and the user selects 10 or less records for a transaction (check-in/charge-out, etc.), the terminal will wait while the system processes the transactions. If more than 10 records are selected, then the processing will be automatically queued and will free up the terminal. It is recommended that this number be kept low.

OPERATING

CONDITIONS: Tells the system the operating conditions in effect. (N = Normal and E = Emergency) Under Normal conditions, the system uses the parameters set up in the files 195.1 (Label Formats), 195.2 (Record Types) and 195.9 (Borrowers-File Areas) to determine which input and printer devices to use. Under Emergency conditions, the system ignores all the location parameters set up and the user is prompted for this information.

NULL QUEUING

DEVICE: Pointer to the Device File (#3.5)

Entry should specify the bit bucket device for the site for use in printing to a null device.

OK TO PURGE

REQUESTS? If set to YES will allow the system to automatically delete all the requests made for records which have expired according to the parameter set for that record type.

OK TO PURGE BATCH

LIST? If set to YES will allow the system to automatically delete all the batch lists which are older than the set parameter.

OK TO PURGE

PULL LIST? If set to YES will allow the system to automatically delete all the pull lists which are in a charged status for longer than the set parameter or are in a requested state for longer than 30 days.

OK TO PURGE MOVEMENT

LOGS? If set to YES will allow the system to automatically delete all the movements (check-in, charge-out, etc.) on records which have either been deleted or have reached the maximum number of movements to retain. The oldest movement will be purged first.

DAYS TO RETAIN BATCH

LISTS: This is the number of days that batch lists will remain on the system before being purged. All batch lists older than the parameter set will be purged.

DAYS TO RETAIN

PULL LIST: This is the number of days that pull lists will remain on the system before being purged. All pull lists older than the parameter set will be purged unless they are in a requested status, then they will remain in the system for 30 days.

INPATIENT RECORD

TYPE: Identify the record type name chosen for the inpatient record type. Points to the Record Type file.

OUTPATIENT RECORD

TYPE: Identify the record type name chosen for the outpatient record type. Points to the Record Type file.

MRT INTERFACE

STATUS: 'U'p or 'D'own. Allows/disallows use of MRT application.

** Film Jacket Parameters are set by Radiology. If both MRT and RAD IT are online, both applications must agree on the purge and system parameters set in this option. It is a shared option.

DATA COLLECTION FORM/INPUT SCREEN

OVERALL PARAMETERS

Queue Threshold: 10
Operating Conditions: N
Null Queuing Device: NL:
OK to Purge Pull Lists?: Y Days to Retain Pull Lists: 7
OK to Purge Requests?: Y
OK to Purge Movement Logs?: Y
OK to Purge Batch Lists?: Y Days to Retain Batch Lists: 7

* MRT PARAMETERS *

Inpatient Record Type: INPATIENT
Outpatient Record Type: OUTPATIENT
MRT Interface Status: UP

* FILM JACKET TRACKING PARAMETERS *

Record Type for Master Jacket: MASTER FOLDER
Radiology Interface Status: UP

4.3.6.8 Borrower Set-Up.

Records are charged out, transferred, or inactivated to borrowers. Borrowers may be providers, hospital locations, divisions, medical treatment facilities, additional medical treatment facilities, and other fileroom locations. Any of the above listed entities must be setup as borrowers or they may not have records tracked to them. Under Borrower Set-Up, basic demographic information is defined for the borrower: location/room, phone number, borrowing privileges, and synonyms. For pull lists, it is important that all clinics are identified as borrowers and that the record type they need to pull is also identified. **NOTE:** Record rooms do not always pull for all clinics. There should be dialogue between clinic and fileroom supervisors before building the borrowers and running the first pull list.

NAME: Required Field; Variable Pointer to the Provider File (#6), Hospital Location File (#44), Medical Center Division File (#40.8), Medical Treatment Facility File (#4), Non DOD Medical Treatment Facility File (#8101.1) and RT Fileroom Specific Locations File (#8376).

Example: Allergy Clinic

LOCATION/ROOM

NUMBER: Free Text, 1-15 characters.

Location and room number for the borrower.
Example: Wing C, Room 233

PHONE #: Free Text, 1-15 characters.

Phone number for the borrower.
Example: 262-3222 or 703-262-3222

**BORROWING
PRIVILEGES:**

Set of Codes: 'n' for NORMAL
'i' for INACTIVATED
'r' for REVOKED

Indicates the borrower's privileges. The system will default to 'NORMAL' when the borrower is entered.

Example: n for Normal

SYNONYMS: Free Text, 2-30 characters; Multiple values allowed.

Alternate name(s) or code(s) for the borrower. The name will automatically default as the first synonym. Any quick lookups should be entered to make selecting the borrower an easy process.

Example: Allergy, ALL

RECORD TYPE

NEEDED/CREATED: Pointer to the Record Types File (#195.2); Multiple values allowed.

For Clinic borrowers only. Record request to be made when making an appointment or registering a patient. Must be completed for each application. Must have an entry in order for pull lists to function.

Example: Outpatient

Input Sample Screen:

```
BORROWERS-FILE AREAS: {borrower name}                                RT BORROWERS SET-UP

Location/Room Number:                                                Phone Number:
Borrowing Privileges: NORMAL {system default, user may change this}
Synonyms:
{borrower name is first synonym, system default}
(multiple field)

-----
*Barcode Printer to be Used When Arriving Radiology Exams*
Barcode Printer:
(NOTE: System will stuff in default barcode printer for this borrower if
borrower is a fileroom and has a default barcode printer defined in
Fileroom Set-Up)

*Record Request to be Made When Making an Appointment*
*or Registering a Patient*

Record Type Needed:
(multiple field)
(any record types used by this division are allowable)
```

DATA COLLECTION/ANALYSIS OF ENTRY:

- a. Menu Path: SD --> BSU
- b. **Borrower Initialization should be run before the individual BSU entries.**
Wards, clinics and additional MTFs may be "stuffed" into the Borrowers-File Areas file with the Borrower Initialization process (Menu Path: MRM --> SD --> INI --> IB). This **will not** stuff in demographic data such as phone #. This must be entered manually. User must have the RT SYS and RT SITE MGR security keys to use this option. This is the fastest way to get all clinics into the system as borrowers.
- c. All clinics for which filerooms pull records **MUST** be set up as borrowers before activation.
- d. Providers, MTFs and Divisions should be entered through manual data entry, using a printout of the files with the templates provided below. Site may then choose which entries should be entered as borrowers:

PROVIDER:

```
Output from what file: PROVIDER
Sort by: NAME// PROVIDER FLAG
START WITH PROVIDER FLAG: FIRST// PROVIDER
GO TO PROVIDER FLAG: LAST// PROVIDER
Within PROVIDER FLAG, sort by:
First Print FIELD: NAME;C1
Then Print FIELD: CLINIC ID;C45
```

MTF:

Output from what file: **MEDICAL TREATMENT FACILITY**
Sort by: NAME//<CR>
First Print FIELD:NAME;C1;"MTF";L25
Then Print FIELD: **STATE/GEOGRAPHIC LOCATION;C30;"LOCATION"**
Then Print FIELD: **UIC;C65**

DIVISION:

Output from what file: **MEDICAL CENTER DIVISION**
Sort by: NAME//<CR>
First Print FIELD:**NAME**

- a. Site should also set up the two record retirement centers in the Additional Medical Treatment Facility File, then in Borrower Set-Up.

NPM National Personnel Record Center (Military)
NPC National Personnel Record Center (Civilian)

- b. A print template is included in Appendix E of this guide for use when a listing of borrowers is needed. It is recommended that the entries in this file be printed out and the printout retained at the end of the F/T effort.

To print additional Borrower labels:

Borrower barcode labels are useful in busy filerooms and clinics for quick borrower selection at charge-out for frequently used borrowers. The user would simply scan the label at the "Select Borrower" prompt instead of typing in the name. There are two methods by which a user may print a borrower barcode label. The first is to print the borrower barcode label upon filing a new or modified borrower entry through BSU Borrower Setup by saying 'yes' to the 'Print Borrower Label?' prompt. The second is through the following menu path:

Menu Path: MRM --> SD --> WER Print Borrower Barcode

Unfortunately, there is no way for a user who does not have the MRT System Definitions Menu (with the RT SYS security key) to print a borrower label. So if the site has restricted use of this menu to a few select individuals who will perform file maintenance (recommended), those individuals will have to print labels for users who need them. One sheet of borrower labels at the front counter of the record room is usually sufficient. (Old radiology films work nicely for placing the labels on.)

BORROWER SET-UP

BORROWER: SAMPLE, JOHN Q

APPLICATION:

M

 MEDICAL RECORDS

LOCATION/ROOM NUMBER:
(1-15 Characters)

N	H	1	0	0	/	R	M	4	0	0				
---	---	---	---	---	---	---	---	---	---	---	--	--	--	--

PHONE NUMBER:

4	5	1	4	7	6	0								
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

(1-15 Characters)

SYNONYMS:

D	R		S	A	M	P	L	E																					
J	Q	S																											
S	A	M	P	L	E	J	Q																						

FOR CLINICS-RECORD REQUEST WHEN MAKING APPOINTMENT

RECORD TYPE NEEDED: _____

4.3.6.9 RT Fileroom Specific Locations.

There will generally be borrowers at the site who do not fit into any of the typical categories like clinics or divisions. These can be personnel working in the coding/analysis departments, doctor's boxes in inpatient records, locations such as Judge Advocate General, Medical Board Evaluations and others. These borrowers are put in as fileroom specific locations. They will not generate pull list entries.

NAME: Free text; 2-35 characters

This is the name of the location/person being listed as a fileroom specific location.

Example: Inpatient Record Coding

DESCRIPTION: Free text; 2-35 characters

Brief description of the borrower.

Example: Coding department, bldg 5 room 320

**HOSPITAL
LOCATION:**

Pointer to Hospital Location file

Enter the name of the location to which this borrower is attached, if any.

Example: Patient Administration

Input Sample Screen:

RT FILEROOM SPECIFIC LOCATIONS FILE: {location name}

RT LOC

NAME: {location name}
DESCRIPTION:
HOSPITAL LOCATION:

DATA COLLECTION/ANALYSIS

- a. Menu Path: SD --> SPL
- b. At a multi-divisional site, each division may set up their own locations. However, they should take care to check file entries to be sure that the desired entry does not already exist.
- c. To print entries from this file: PAD --> ORM --> FOUT-->Print

Output from what file: **RT FILEROOM SPECIFIC LOCATIONS**

Sort by: NAME//

Start with NAME: FIRST//

First Print Field: **NAME;C1**

Then Print Field: **LOCATION DESCRIPTION;C30;L20;W;**

"Description"

Then Print Field: **HOSPITAL LOCATION;C55;L25;"Hosp Loc"**

LOCATIONS SPECIFIC TO RECORDS TRACKING

NAME: JUDGE ADVOCATE GENERAL
(2-35 Characters)

DESCRIPTION: COMMAND JUDGE ADVOCATE GENERAL; 2ND MAR DIV
(2-30 Characters)

HOSPITAL LOCATION: _____
(Select from Hospital location File)

NAME: INPATIENT CODING
(2-35 Characters)

DESCRIPTION: CODING DEPARTMENT FOR INPATIENT CHARTS
(2-30 Characters)

HOSPITAL LOCATION: PATIENT ADMINISTRATION
(Select from Hospital location File)

NAME: _____
(2-35 Characters)

DESCRIPTION: _____
(2-30 Characters)

HOSPITAL LOCATION: _____
(Select from Hospital location File)

NAME: _____
(2-35 Characters)

DESCRIPTION: _____
(2-30 Characters)

HOSPITAL LOCATION: _____
(Select from Hospital location File)

4.3.6.10 Movement Type Set-Up.

No data needs to be collected for this file. The 'Display Text', 'Include on Overdue Report', and 'Allow Batch Processing?' fields come deployed with data. A review is all that is necessary to ensure that 'Move to Another File Area' and 'Transfer to Other MTF' are set to allow batch processing. Those movement types should also NOT be included on overdue reports.

To print the file entries for review:

PAD --> ORM --> FOUT --> Print

Output from what file: **RECORD MOVEMENT TYPES**
Sort by: NAME//**APPLICATION**
Start with APPLICATION: FIRST//**MEDICAL RECORDS TRACKING**
Go to APPLICATION: LAST//**MEDZ**
First Print FIELD:**NAME;C1;"Movement Type";L25;S**
Then Print FIELD:**"Display Text: "_DISPLAY MESSAGE;C1**
Then Print FIELD:**"Include on Overdue Report?: "_INCLUDE ON
OVERDUE REPORT?;C1**
Then Print FIELD:**"Allow Batch Processing?: "_ALLOW BATCH
PROCESSING?;C1**

See next page for a sample print showing entries as they are deployed with the software.

Record Movement Types:

RECORD MOVEMENT TYPES LIST
Movement Type

21 Jun 1990@1600 PAGE 1

APPLICATION: MEDICAL RECORDS TRACKING

CHARGE-OUT

Display Text: Charged Out
Include on Overdue Report?: YES
Allow Batch Processing?:

CHECK-IN

Display Text: Checked-In
Include on Overdue Report?: NO
Allow Batch Processing?:

CLINIC REQUEST

Display Text: Requested by Clinic
Include on Overdue Report?: NO
Allow Batch Processing?:

FOUND RECORD

Display Text: Missing Record Found
Include on Overdue Report?: NO
Allow Batch Processing?:

INACTIVATE RECORD

Display Text: Inactivated
Include on Overdue Report?: NO
Allow Batch Processing?: YES

INITIAL CREATION

Display Text: Created
Include on Overdue Report?: NO
Allow Batch Processing?:

MISSING RECORD

Display Text: Missing
Include on Overdue Report?: NO
Allow Batch Processing?:

MOVE TO ANOTHER FILE AREA

Display Text: Move to Another File Area
Include on Overdue Report?: NO
Allow Batch Processing?: YES

RE-ACTIVATE RECORD

Display Text: Re-Activated
Include on Overdue Report?: NO
Allow Batch Processing?:

RE-CHARGE

Display Text: Re-Charged
Include on Overdue Report?: YES
Allow Batch Processing?:

TRANSFER BACK FROM OTHER MTF

Display Text: Transferred Back
Include on Overdue Report?: NO
Allow Batch Processing?:

TRANSFER TO ANOTHER MTF

Display Text: Transferred
Include on Overdue Report?: NO
Allow Batch Processing?:

4.3.6.11 Queue Purge Background Job.

In order for the purging of batch lists, pull lists, requests, record movements, etc., to take place, the user must set up the purge process through this option. The date/time of the first purge, the frequency of the purge and the device to which the purge statistics will print is set through this option. It is important to note that if the device selected is a null device (such as NL:), the device must be properly setup in order for the purge to work. At some sites, the bit bucket (NL:) was improperly defined and RT file entries were not purged. The only way to discover this was through troubleshooting the files and finding that entries older than 30 days still existed. Excessive file entries adversely affect the performance of the system and should be monitored closely.

Menu Path: MRM --> SD --> PUR Queue Purge Background Job

Input Screen Example:

*** Queue Record Tracking Purge ***

QUEUED TO RUN AT WHAT TIME: 16 Nov 1990@2300// {enter desired date/time of first purge here, at least two minutes in the future. Recommend running after work hours}

RESCHEDULING FREQUENCY: 7D// {enter frequency at which site wishes purge to run, D=Days, H=Hours, for example, 3D would translate to 'run again at this time every three days'. System will start the next purge at the same time as the first run, such as 2300, every third day.}

DEVICE FOR QUEUED JOB OUTPUT: NL:// {Recommend entering a valid print device here rather than the bit bucket. The output is usually one page and provides useful information on the purge process. See sample below}

Sample Print:

PURGE RECORD TRACKING DATA

Overall Purge Parameters:

OK to Purge Pull Lists? YES
OK to Purge Requests? YES
OK to Purge Movement Logs? YES
OK to Purge Batches? YES

Purge Started at 21 Jun 1990@080515

PURGING CANCELLED AND CHARGED PULL LISTS

PURGING REQUESTED PULL LISTS OLDER THAN 30 DAYS

PURGING CANCELLED, CHARGED, AND NOT FILLABLE REQUESTED RECORDS

PURGING RECORD MOVEMENT HISTORY

PURGING BATCH LISTS

Purge Complete at 21 Jun 1990@080520

4.3.6.12 Other F/T Options.

REGISTRATION OPTIONS

At new CHCS sites, PAS and MRT are generally the first subsystems to activate. Therefore, many of the tasks which were traditionally taken care of by the PAD team and PAD F/T POCs fall to the MRT team. One of these is the need to set up registration options. Most sites opt to enable the ability to enter/edit patient allergies and create the MRT record immediately after filing a new or edited registration. For the purposes of this document, we will only discuss the manner in which the DG TRANS-CREATE option is added to registration screens.

Menu Path: PAD --> SDM --> PAR (User must have the DG SYSTEM DEFINITIONS security key)

The first screen should not be set up by anyone other than the PAD department. The registration options screen may be reached by hitting the **{Next Screen}** key at this point.

Select REGISTRATION OPTIONS:

This is a multiple field, allowing the user to enter many different PAD options to the registration. The user will enter **DG TRANS-CREATE**, which is the option allowing a user to create the MRT record immediately after filing the registration. After verifying that this is the correct option to add, the user enters a screen which allows the setting of display text and default answers which the registration clerk will see. The recommended entry is in bold text. It is not recommended to add other ancillaries such as PAS to this option. Only records personnel should use this option. Note that it is not necessary to add a question mark to the end of the request text. The system recognizes that it is a question, and if the user adds a question mark, the registration clerk will see 'Create Medical Record??'

REGISTRATION OPTIONS: DG TRANS-CREATE
REQUEST TEXT: **Create Medical Record**

DEFAULT ANSWER: **NO**
Select ANCILLARY ACCESS:
PAD

Upon creating the MRT record, the user will be prompted to print MRT labels (yes or no) and will be given a device prompt if they choose to print.

Examples of other registration options:

DG ALLERGY EDIT: Allows the registration clerk to enter/edit patient allergies.

DG EMBOSS CARD: Allows the registration clerk to print an emboss card for the patient.

4.3.7 F/T Checklist.

This checklist is for F/T build only and should be used ONLY after all data has been collected and reviewed per the IG Section 4.

Note: The menu path for F/T build is PAD -->MRM -->SD. The FIRST file room is built via the RT OVERALL menu. This menu must be assigned to the LEAD F/T user as a secondary menu option and can be removed after F/T build is completed.

Note: Security Keys/File Manager Access Codes required for F/T build:

KEYS: RT MRT-FR-SUPER, RT SYS and RT SITEMGR
CODES: Kk&D

Note: All file rooms should either be built or completed in the Hospital Location files. Menu path DBA -->CFT -->CFM -->HOS

- a. Re-Compile Templates: Menu path SD -->COM
Note: This is only done once in either MRT or RAD.
- b. File Room Set-up: The FIRST Record Room should be built via RT OVERALL menu. SD -->FSU
 1. Phone# and Location of fileroom
 2. Record sort: Enter "T" for Terminal Digits
 3. Action if home is different: It is best to enter "Question User about Change"
 4. Default Record Master Type: Radiology use ONLY
 5. Printers assigned to this File Room: Leave blank until printers are in place but make a note to fill them in BEFORE activation.

Note: Encourage the site to use STANDARD naming convention for all printers.

6. Security Key Needed: Each file room can be locked with one of the RTFR keys. Use only one per file room. The Central Record Room should be locked.
7. Select Synonyms: You can have as many as you want BUT ensure that the full name of the fileroom is included on this list.

Note: The FILEROOM is NOW in the Borrowers File.

- c. Label Function Menu: SD -->LFM -->LF There are samples loaded in the system. These should be run off on a printer so you can see the format and give you a starting point. This will take time if you have not setup labels before. Note: Do Not use the Outpatient Standard Label before it is edited. It is best if you create new labels.
- d. Type of Record Set-up: SD>TYS Type ?? to ensure that the record you need has NOT been created already.
 1. Type in the name of the record you want to create. Are you adding "Your Record" as a new record? Type "YES"
 2. Name: Change or accept the name.
 3. Abbreviation: Use something different from the name, i.e., for Active Duty record type use "AD".
 4. Can Record Be Requested?: Yes or No, if set to No clinics will not be able to request the record but it still can be charged out.
 5. Is Record Temporary?: Yes or No
 6. Ask For Content Descriptor?: Yes or NO, Set to yes if you want to add the Content Description when creating a record. This is used when you are using MRT for Consults Control.
 7. Master Folder: Used for Radiology ONLY
 8. Multiple Volumes Allowed?: Yes or NO, normally set to YES.
 9. Description: This is what the record is for, i.e., Active Duty Record Description would be: For Active Duty Staff ONLY
 10. Inquiry Display Order: This is the order in which this type of record will be displayed when you do an Record Inquiry. Assigning Active Duty Record #2 and Dental #3, if the patient had both active

duty and dental records the record would be first.
Outpatient records are normally assigned #1.

11. Inactivation Date: LEAVE BLANK
12. Record Label Format: The label that the site wants printed on ALL records of the TYPE! This is for ALL divisions.
13. Request Notice Format: This can be left blank but if request notice is entered all divisions will have the same.
14. Pending Request Cutoff (Days): Days that a request stays in the "Pending" status before it changes to the status of "Unfilled". Suggested entry: 5
15. Current Borrowers Future Request Time Minimum (Minutes): This field can be left blank, thereby not restricting the current borrower from consecutively borrowing the same record. Suggested entry: Leave Blank
16. # Previous Movements to Retain: The maximum number of movements that will appear, for this record type, in Trace Movement History option. Suggest entry: 10
17. Request Purge Cutoff (Days): The number of days ALL requests are retained in the system before they are purged. Suggested entry: 5
18. OK to Purge Data?: Set to YES to purge old pull list request, movements etc.
19. Control of Finding Records: Who can remove the "Missing Flag" from a record. FR Supervisor or Any User. Suggested entry: Any User
20. Linked Records: Used Radiology, not normally used in MRT. Leave blank
21. Allowable File Rooms: Enter ALL file rooms that will use this record type. NOTE: This is one field that is OFTEN overlooked.

Sub-field: Overdue Record Cutoff (Days): The number of days a borrower can have a record before it shows on the OVERDUE RECORDS LIST. MRM -->MA -->OV

e. Application Set-Up: Menu Path SD -->APP

1. Service: LEAVE BLANK!!

2. Synonyms: Alternate names or codes, i.e., MRT or RT
3. Divisions: Enter ALL DIVISIONS that will use MRT.
Note: This is another field that is OFTEN overlooked.

Sub-fields:

- (a) Central File Area: The default file room when accessing MRT for this division. Suggested entry: The largest file room in the division
 - (b) Months of Inactivity: Enter the number of months back the system will search a record when creating a retire/transfer list. A record will be included in this list if the date of last activity, which is entered when the list is created, is prior to the number of months entered in this field. Suggested entry: 60 months
 - (c) Default Pull List Sort: Suggested entry "C" for Clinic name then Terminal Digits.
 - (d) Folder Pull Method: Radiology only LEAVE Blank
 - (e) Print Pull Notice: Radiology only LEAVE Blank
4. Type of Records: ALL record types that will be used by a division MUST entered here. NOTE: This is another field that is OFTEN overlooked.

Sub-fields:

- (a) Default Home Location: When creating a record this is the fileroom that the system will assign the record to. Suggested entry: The largest outpatient record room.
- (b) Default Initial Borrower: The borrower the record will be charged to when it is created. Suggested entry: The largest outpatient record room.
- (c) Charge Tag Format: A charge out card from the Label File. Suggested entry: Charge Out/Routing Card
- (d) Routing Tag Format: Same as (3) above.

5. Miscellaneous Parameters:

The following are the recommended headers or entries, use them they are already in the system and they WORK!

- (a) Profile/Report Header: MEDICAL RECORD REPORT
- (b) Entity Select Prompt: Select Patient:
- (c) Entity Display Header: Patient Name
- (d) Record Prompt: Record
- (e) Default Record Creation Type: OUTPATIENT
- (f) Borrowers Barcode Format: BORROWERS STANDARD
- (g) File Room Supervisor Key: RT MRT-FR-SUPER
- (h) File Room Staff Key: RT MRT-FR-STAFF
- (i) Deleted Record Mail Group: RT DELETE
- (j) Missing Record Mail Group: RT MISSING

6. Borrowers File Parameters:

Note: These Six (6) files should be entered:
HOSPITAL LOCATION (#44), MEDICAL CENTER DIVISION (#40.8), MEDICAL TREATMENT FACILITY (#4), ADDITIONAL MEDICAL TREATMENT FACILITY (#8101.1), PROVIDER (#6) and RT FILEROOM SPECIFIC LOCATION (#8376)

Each of the following sub-field will need to be completed for the above six (6) files:

- a. Ask Phone/Room?: Yes to enter phone and room number of borrower. Suggested entry: NO
- b. Ask for Associated Borrower?: Yes to enter associated borrower. Suggested entry: NO (Maybe set to yes for consult control)
- c. Show Charged Records?: Suggested entry: NO

NOTE: Check IG page 4-55 for other suggested entries.

f. Borrowers Set-up: Menu path SD -->BSU

- 1. Location/Room Number: Turned off

2. Phone Number: Turned off
 3. Synonyms: Type in what do you call this borrower.
Can be left blank.
 4. Barcode Printer: Use by Radiology leave blank for
MRT.
 5. Record Type Needed: Enter ALL records required by
this borrower. NOTE: This is another field that is
OFTEN overlooked.
- g. Locations Specific to Record Tracking:
Menu path SD -->SPL
- Do not enter data into this file until Section 4.3.6.9
of the IG has been reviewed.
- h. Additional MTF Set-up: Menu path SD -->AMF
- Note: This is a shared file with PAD and LAB. Do not
enter data in this file without coordination with
those departments.
- i. Record Tracking System Parameters: Overall Parameters
Menu path SD -->OVR
- This screen is in three (3) sections: Top section is
used by both MRT and IT. All data should be
coordinated with Radiology. The middle is used by MRT
and the bottom by IT. Parameters Used by All
Applications
1. Queue Threshold: The number of transaction at
which the system will automatically queue.
Suggested entry: 10
 2. Operating Conditions: Normal or Emergency. Set to
Normal to use parameters set up in the files.
 3. Null Queuing Device: Enter the Bit Bucket device.
Suggested entry NL:
- Note: These are the suggested entries for the next
six (6) fields.
4. OK to Purge Pull Lists?: YES
 5. Days to retain Pull List: 5
 6. OK to Purge Request?: YES
 7. OK to Purge Movement Logs?: YES

8. OK to Purge Batch List: YES
 9. Days to Retain Batch List: 3 MRT Parameters
 10. Inpatient Record Type: Type of record chosen for the inpatient record type. Suggested entry: Inpatient
 11. Outpatient Record Type: Type of record chosen for the outpatient record type. Suggested entry: Outpatient
 12. Location of Records in other MTF's: Suggested entry: Location in Another MTF
 13. MRT Interface Status: Note: Set to "DOWN" if PAS is not up. Set to "UP" if PAS is on line.
- j. Initialization Menu: Menu path SD -->INI
1. Initialize Inpatient Records SD -->RE: This will create a volume for each patient admission and update the record and movement history files.
 2. Borrowers Initialization SD -->IB: This initializes all the files, from step 5f of this checklist, and places them in the borrowers file.
- k. Reasons File Set-up: Menu path SD -->RES
- Enter/edit ALLOWABLE reason used by the system for canceling request and finding missing records.
- l. Movement Type Set-up: Menu path SD -->RES
- These entries should NOT be edited at this time. Refer to IG Page 4-73
- m. Print Borrowers Barcode: Menu path SD -->WER

4.4 PREPARATION OF USERS: MRT TRAINING.

Some materials are supplied to the site for use in the training of MRT users, but the site may also opt to create handouts that are specific to their needs and policies. Currently, two copies of an approved Contract Data Requirements List (CDRL) manual are provided to the site for reproduction. Additionally, pocket references are available for MRT. It is at the discretion of the site that these materials are copied and distributed to MRT users. One pocket reference is provided per each terminal.

Generally, SAIC will conduct all training during the initial activation phase, and further training will be performed by

facility trainers. It is important that all MRT users are trained in the functionality, including all watch bill personnel who will be given access/verify codes and expected to use MRT during evening and weekend shifts. Supervisors and F/T build points-of-contact should be trained first in order to facilitate the building of the files. During the last weeks of training, the facility trainer(s) should be educated in how to instruct the class so that they may make a smooth transition into conducting the continuing training when SAIC leaves the site.

There are three modules for MRT: (1) Basic Outpatient Fileroom Functions (4 hrs), (2) Basic Inpatient Fileroom Functions (2 hrs), and (3) Advanced Fileroom Functions (2 hrs). It is expected that all outpatient fileroom supervisor and POCs attend modules one and three. Outpatient fileroom clerks should attend module one only. If any inpatient filerooms are being activated, supervisors should receive module two and three, clerks should receive module two.

Outpatient Record Room Clerks = 4 hrs
Outpatient Record Supervisors = 6 hrs
Inpatient Record Room Clerks = 2 hrs
Inpatient Record Supervisors = 4 hrs
If attending all modules = 8 hrs

4.5 CERTIFICATION OF READINESS.

The MRT system should be certified as ready to go online when the following criteria have been met:

- a. Implementation Checklist items are complete.
- b. F/T Build Task Checklist items are complete.
- c. RT purge routine has been queued to run through Queue Purge Background Job.
- d. Mail groups have been set up and populated through Manage MailMan menu.
- e. MRT interface is set to UP in RT Overall System Parameters.
- f. Registration option DG TRANS-CREATE is built, if desired.

F/T Report

The ITL for each site implementation is responsible for completing and filing an F/T Report. The procedure is outlined below:

- a. The SAIC IS responsible for training and F/T build assistance for the functionality will compose a written report using the recommended format.
- b. This report will be required for all initial activations and any software application upgrades that require any changes, additions or modifications to any site-specific (Group 2) F/Ts.
- c. The original of this report will be given to the Installation Representative (IR), with copies to the site F/T POC and the SAIC Site Manager. This should occur at least 24 hours prior to the activation of the functionality.
- d. In the Weekly Report submitted by either the Site Implementation Leader (SIL) or the IS on site, the following statement should be inserted:

The F/T report was submitted to [name of site POC] by [name of IS] in support of the activation of [version # and name of functionality] on [date].

- e. Report format:

The following F/Ts were reviewed by SAIC in conjunction with the MTF POC and will support the activation of (Version of Software, Functionality) by (date of activation). If the activation of the functionality is delayed beyond the above date, certain time-sensitive data may become outdated and require another review at that time.

FILE #	FILENAME
#6	Provider
#7	Provider Class

Point of Contact for this report is Chris Massoth.

**FILE AND TABLE REPORT
MEDICAL RECORD TRACKING**

The following F/T were reviewed by SAIC in conjunction with the MTF POC and will support the activation of (Version of Software, Functionality) by (date of activation). If the activation of the functionality is delayed beyond the above date, certain time-sensitive data may become outdated and require another review at that time.

Site: _____
IR: _____
SIL: _____
ITL/IS: _____
File/Table POC: _____

(Initial Below)			
Built	Modified	FILE #	FILENAME
_____	_____	194.4	LABEL FORMAT
_____	_____	195.1	RT APPLICATION
_____	_____	195.2	RECORD TYPES
_____	_____	195.4	RT SYSTEM PARAMETERS
_____	_____	195.6	REASONS
_____	_____	195.9	BORROWERS-FILE AREAS
_____	_____	8376	RT FILEROOM SPECIFIC LOC.
_____	_____	44	HOSPITAL LOCATION
_____	_____	8101.1	ADDITIONAL MTF

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has been left blank
intentionally.

5. ACTIVATION.

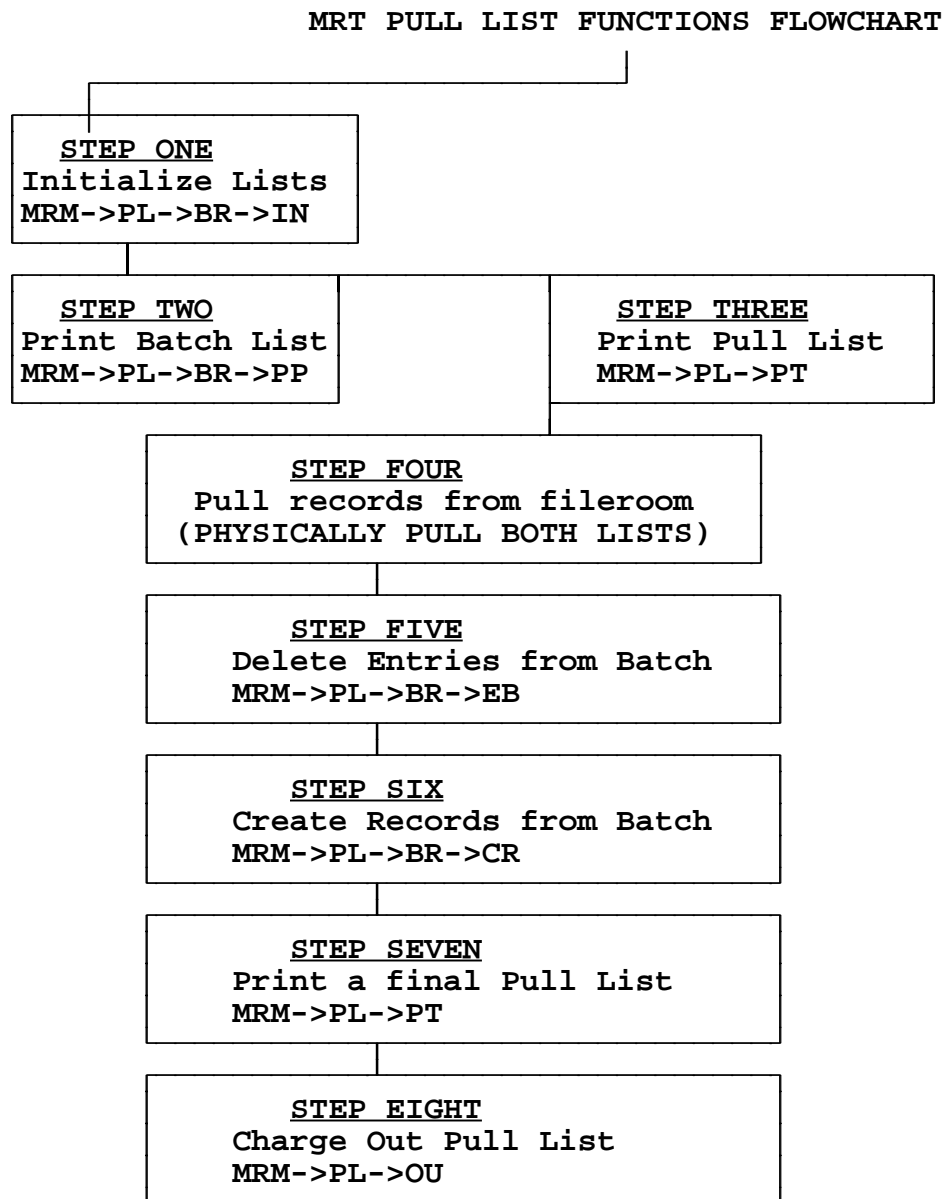
MRT activation is defined as the date that the first fileroom begins using CHCS to track their records. The F/T work has been completed, except for adding the default printers to the fileroom, and the devices are in place and tested. Users have been assigned access/verify codes and proper authorization. During the first days or weeks of system use, implementation assistance will be provided to the users as they learn the workflow and management of MRT.

5.1 IMPLEMENTATION ASSISTANCE FOR MRT.

Implementation assistance for MRT consists of: ensuring that the devices are working correctly (notifying SAIC operations staff if any problems are noted), assisting the users in getting started with record creation, assisting users with record movements, assisting with and troubleshooting the first pull lists, and making sure the users know their POCs and help desk numbers for further assistance.

Included in this section is a frequently used handout for pull list functions which the MRT team has found helpful at many sites. Typically, pull lists are the biggest challenge faced during the activation process due to the many parameters which must be set correctly in order for the function to work.

5.1.1 Pull List Functions Flowchart.



MRT PULL LIST FUNCTIONS

NOTE: Important things to remember about pull list functions!

- o Clinic profiles must be set up correctly with data on what appointment types for which the clinic needs records pulled. Does the clinic need records pulled? Does every doctor require the records to be pulled? Was the record room pulling for this clinic BEFORE CHCS? If not, the clinic POC and the record room POC need to discuss this before the profiles are set.

- o If there is no record room filled in for a patient, the batch list entry will appear in the default central file area for the division in which they were registered.
- o If an incorrect entry is on the batch list and is not deleted, a record will be created in the incorrect file room and will have to be transferred or moved to the correct file room. This is extra work!
- o If default printers are not in the Fileroom Setup definitions, the user will be prompted to enter a device every time. It is better to set up default devices and, if the user wants to use other devices, let the user say no to "Do you want to use the fileroom's default devices?" at sign-on.
- o The user should print the routing/charge cards at the time they print the lists. This allows the user to place the cards in the outguides and pull the records very quickly. The records which are not found may be easily identified by the use of codes on the charge cards. For instance, the user may find three records charged out and write "CO" on the cards, three records not found at all and write "NR" for "no record" on the card. The cards are taken back to the workstation and used to go down the list in the system, deleting these entries (or marking them as Not Fillable, in the case of pull lists).
- o If the clinics want total control over what is charged out to them, the fileroom may charge out to a holding area and allow the clinics to pick up their own records and re-charge the records to themselves. This involves a lot of work on the part of the clinics, so it usually is not done this way. However, the records may be held in a holding area for patient pickup (still charged to clinic, though).
- o If a patient has more than one appointment, the losing clinic generally will recharge to the next clinic, in order to relieve the losing clinic of responsibility. In some MTF's the clinic will use the borrower CHARGED TO PATIENT and let the gaining clinic recharge to themselves upon receipt of the record.

STEP ONE: Initialize Batch and Pull Lists from Schedules

This process will look at the Patient Appointment file as well as the Clinic Profiles to see how far in advance to pull the records and who needs records pulled for the appointment date in question. For example, if today is your pull date specified, and all clinics at your MTF want records pulled for all appointment types two days before the appointments, the system will look at the Patient Appointment file for an appointment date equal to two days from now, and

compile those patient names into an entry on the pull or batch list. If the patient has an MRT record already, an entry will be placed on the pull list, if not, the patient will appear on the batch list.

Menu Path: **MRM-->PL-->BR-->IN**

ALL CLINICS// {or selected clinic(s)}

Pull Date: {T}

A message will print on the LA75 when the process has finished.

NOTE: The difference between a **PULL** list and a **BATCH** list.

PULL LIST

Patient registration
complete

Patient has scheduled
appointment

Patient **HAS** an electronic
medical record in CHCS

BATCH LIST

Patient registration
complete

Patient has scheduled
appointment

Patient does **NOT** have
an electronic medical
record in CHCS

STEP TWO: Print Batch List

This list will contain entries for patients with scheduled appointments who need a record pulled but who have no MRT records created.

Menu Path: **MRM-->PL-->BR-->PP**

Select Batch List: ALL CLINICS//{or your
selected clinic(s)}

Select Pull Date: {same date as above}

List which entries: Un-Printed//{CR}

Print Routing/Charge Cards: Both//{CR}

Select Charge Card Printer:(default)//CR

Select Device: (default)//CR or NL: if you
do not want to print cards}

STEP

THREE: Print Pull List

This list will contain entries for patient with scheduled appointments who need a record pulled and have MRT records already created.

Menu Path: **MRM-->PL-->PT**

Select Pull List:ALL CLINICS//{or your
selected clinic(s)}

Select Pull Date: {same date as above}

List which entries: Un-Printed//{CR}

Print Routing/Charge Cards? Both// CR
Select Charge Card Printer: (default)//**CR**
Select DEVICE: (default)//**CR**

**STEP
FOUR:**

Pull Records

Take the charge cards for both lists and place them in the outguides. Use the outguides to pull the records. If you do not find a record, mark the card with something meaningful to use when you edit your lists, such as NR for No Record, etc. When you are finished, the two lists should have either a record or a notation as to the status of the record for each entry.

**STEP
FIVE:**

Edit the Batch List

Through the use of this option, you may remove entries from the batch list for which you do not have records or cannot fill the request.

Menu Path: **MRM-->PL-->BR-->EB**

Select Batch List: ALL CLINICS//{or
selected clinics}
Select Pull Date: {same as above}
List which entries: Un-printed//**CR**

You will get lists printed to your screen of each clinic, in order, and you may select using up/down cursor arrows and the select key for marking the entries you wish to delete. After you hit return, the system will ask you if you wish to delete selected entries. You must type **Y**.

STEP SIX: Create Records from Batch

This process does three things: Creates the outpatient volume 1 of the MRT record for the patient, prints a label for that record, and moves this entry to the pull list.

Menu Path: **MRM-->PL-->BR-->CR**

Select Batch List: ALL CLINICS//{or selected
clinics}
Select Pull Date: {same as above}
Select Record Label Printer: (default)//**CR**

The labels will print when process is finished.

STEP

SEVEN: Print a Final Pull List

Same as Step Three. **Failure to do this step will result in an incomplete final pull list to charge out!** This will also give you a record to compare with your records being charged out, and to keep for your records.

STEP

EIGHT: Charge Out Pull List Records

This process charges out the Pull List entries to the clinics in which the patient has an appointment. If the patient has multiple appointments for that day, the first clinic will have the record charged to it. Before charging out the records, you may designate pull list entries as un-fillable for which you have no records.

Menu Path: **MRM-->PL-->OU**

Do you first wish to designate some requests as 'not fillable'? NO// {if you have requests to designate as not fillable, say YES here, otherwise, hit return}
Select Request #: {found on the card, you will not get this prompt if you say NO to the above prompt}
System will prompt you to change status from REQUESTED to NOT FILLABLE. Affirm with a YES.
Select Pull List: ALL CLINIC LISTS// **CR** {or selected clinics}
Select Pull Date: {same as above}
Do you wish to charge out to a holding area? NO// **CR**
Are you sure you want to charge out records? NO// **Y**
Records will be charged out with a final return.

PULL LIST TROUBLESHOOTING

- a. Check all Appointment Types in the clinic and provider profiles for which the fileroom pulls records.
- b. Check patient's fileroom. Is the fileroom defined in the hospital location file (#44)? Is the patient's record stored in that fileroom?
- c. Check Display Patient Appointments to check the date/time of the patient appointment. Note: If appointment was made after the list was created or within 24 hours of the appointment date and time it will not show up on this list.
- d. Is the user signed into the correct fileroom and division?

- e. In the BSU option, check the field "Record Type Needed" for the clinics for which the fileroom pulls records.
- f. Is the fileroom setup to store that record type? Check the record type setup.
- g. When was the patient appointment made? Was it made in the last 24 hours? What is the clinic parameter set to for days in advance to pull patient record? It could be that the appointment was made too late to be pulled by the system.
- h. Was an update pull list run? This should be done if a significant amount of time has lapsed between the running of the pull/batch list initialization and the charging out of the lists.

5.2 MRT DEVICE GUIDE.

The following pages contain the most recent information we have on the setup and operation of the Intermec devices used by record tracking. Bear in mind that some of this may change and is site specific. With the implementation of new network systems, such as Transmission Control Protocol/Internet Protocol (TCP/IP), it is impossible to predict at this time how the devices must be configured and what implementation's role will be in dealing with the device issues. At many new sites, the operations staff has no documentation on the setup of MRT devices, especially the configuration of the barcode readers. They are usually very receptive to any material which can be provided to assist them.

MRT INTERMEC 3000 BARCODE PRINTER

ABOUT THE PRINTER and BARCODES

The INTERMEC 3000 is a compact thermal barcode printer which is currently used in CHCS for the printing of Medical Records (PAD) and Image tracking (RAD) barcodes. It can print in several different barcode symbologies, alpha and numeric characters, horizontal and vertical lines, and bit-mapped graphics. The 3000 prints on a special label media which is chemically treated to turn black under high temperatures. The output will then be readable by another machine, the scanner or wedge reader. The reader projects a beam of light and constantly looks for reflections of that beam. A black line causes a weak or no reflection, while a space causes a strong reflection. A thin line may mean a binary zero and a wider line may mean a binary one. The special arrangement of the lines is translated into ASCII characters and is translated into MUMPS by CHCS software.

FRONT OF PRINTER

Note the indicator lights and black button located on the front panel. We will now discuss these in more detail.

- a. **Feed/Pause Button:** A multi-functional button that controls printing and feeding media.
 1. **FEEDING MEDIA:** Pressing the Feed/Pause button once causes the printer to advance the end of the label to the tear bar. To feed out a blank label, press twice. Holding the button continuously will cause the labels to advance in 0.5 inch increments.
 2. **PAUSING PRINTING:** Pressing the Feed/Pause button during printing will pause the print job. Pressing once more will resume the print job. While the printing is paused, the Empty/Pause indicator will flash.
 3. **LOADING MEDIA:** After loading a new roll of labels, press the Feed/Pause button to advance the media to start-of-print position.
 4. **SELF-TEST:** To run a self-test on the printer, hold in the Feed/Pause button while you switch the power off and on. Release the button as soon as media starts to advance. To resume normal printer operation, switch printer off and then on again.
- b. **Empty/Pause Light:** An indicator which is illuminated when label media is empty or is loaded improperly.
 1. If light is flashing, this is an indication that the print job is in a pause state and should be resumed by pressing the Feed/Pause button.
 2. If light is on steady, the label media may be empty. If this is not the case, the printhead knob may not be in the Print position. Turn the knob counterclockwise until you feel a click as it locks into place. The light may also be on because the media is loaded improperly or the media alignment ring is not installed or is installed incorrectly. Check these possibilities before reporting a device problem.
- c. **Temperature Light:** This indicator light should not be lit the device is operating normally. This light indicates an overheated condition in the printer.
 1. If light is flashing, wait for the printer to cool off. It will resume printing on its own when it is ready. If the light flashes upon power-up, however,

it indicates a RAM fault and should be reported to the Hardware (H/W) specialist.

2. If light glows steady, switch the printed off for 10 seconds then back on. If this does not clear the problem, report it to the specialist. Save any system error labels which may print on the device.
 3. If this light **and** the Empty/Pause light are **both** flashing, a ROM checksum error was detected and you must call for service.
- d. **Power Light:** Indicates printer is plugged in and switched on.

REAR OF PRINTER

Refer to Printer Rear View, for the following:

- a. **RS-232 Serial Communications Port Connector**
- b. **Fuse**
- c. **AC Power Receptacle**
- d. **Voltage Selector**
- e. **Power On/Off Switch (recessed)**
- f. **Media Roll Hanger**
- g. **Upper Case Retaining Tabs**
- h. **Rear Panel Switches** (not to be /by other than H/W Spec)
 1. Baud Rate
 2. Baud Rate
 3. Baud Rate
 4. Parity
 5. Parity
 6. One or two Stop Bits
 7. Seven or eight Stop Bits
 8. Die-cut label stock or continuous stock
 9. Reserved
 10. Reserved
 11. 0.010 inch resolution or 0.005 inch resolution
 12. Self-strip off or on.
- i. **Fine Bar Width Control** (adjusts the width of printed bars in barcode by making small changes in the amount of time heat is applied to the media)
- j. **Coarse Bar Width Control** (sets the range of fine adjustment)

Note: Both arrows should start off pointing toward the roll of labels.

k. **Accessory Interface Slot**

LOADING LABEL MEDIA

Labels should be changed simultaneously with the change of the ribbon. The two items are used at the same rate, and are packaged in equal amounts. Changing the ribbon is outlined below.

- a. Turn the printhead lift knob to the LOAD position.
- b. Remove the cardboard spool left by the expired roll of labels and place a new roll on the hanger.
- c. Adjust the label alignment ring to fit the width of the roll of labels. **** NOTE:** If the label alignment ring is too tight, the labels will not feed.
- d. Make sure the label alignment ring is in the LOCK position by turning to the right.
- e. Replace ribbon.
- f. Feed labels through pathway making sure that labels are against inner edge, under the guide and in the sensor path.
- g. Turn the printhead lift knob to the PRINT position.
- h. Reprint the label or print a test label and test the barcode with the barcode reader.

CHANGING RIBBONS

The Intermec 3000 ribbon is a single pass, thermal ribbon which should be destroyed after use, per the DoD requirements for the protection of Privacy Act information. The information is easily readable from the ribbon, as it is a film rather than fabric ribbon. The entire ribbon is contained in a magazine which snaps on and off the printer unit. **CHANGE RIBBONS EVERY TIME YOU CHANGE LABELS.**

- a. Turn the printhead lift knob to the LOAD position.
- b. Remove ribbon magazine.
- c. Change label media.
- d. Snap new ribbon magazine into place.
- e. Turn the Printhead lift knob to the PRINT position.

TROUBLESHOOTING

Most common problems are listed below. For any major difficulties, please refer to your specialists at the site for their attention. Do not try to replace fuses, set dip switches, or change rear panel settings on your own. Good troubleshooting not only includes knowing how to take care of the smaller items on your own, but also when to refer the problems on to the appropriate personnel.

NOTE: Due to the fact that many hardware and software specialists on site are cross-trained for all system problems, the term 'specialist' is used generically in this section.

<u>SYMPTOM</u>	<u>POSSIBLE PROBLEM</u>	<u>TRY THIS</u>
Printer will not print	Not receiving data	Check connections
	Unplugged	Check power cord
	Power off	Check switch, rear
Label appearance incorrect	VMS Characteristics wrong	Notify Specialist (typically LF and CR characters on label if this is the problem)
	Label format change	Check subsystem
Barcode cannot be read (any device)	Printhead is dirty	Clean printhead, or notify spec.
	Printhead knob in LOAD position	Check knob position
	Printhead defective or bar width improperly set	Specialist determines
Power light will not illuminate	Power cord not connected	Check power cord
	Fuse has blown	Specialist determines and replaces
	Wall receptacle dead	Try another receptacle
Temp light on		Try powering off for 10-15 secs and powering on again. If this does not help, notify spec.
Temp light flashes	If during power-up	RAM fault, report to specialist
	If during use	Wait for cool-down, make sure vents are clear and dust free.
Empty/Pause light on	Out of labels	Load more labels
	Media is jammed	Clear jam
	Media is torn	Clear and re-feed past torn section

	Printhead lift knob in LOAD position	Check knob position
	Label missing from roll	Press Feed/Pause to advance roll
	Media Alignment ring too tight	Adjust ring to loosen
	Label gap sensor dirty	Have spec evaluate
	Label gap sensor defective	Have spec evaluate
Empty/Pause light flashing	Feed/Pause button was pressed to pause print	Press button to resume
Empty/Pause light flashing along with Temp light	ROM Checksum error	Notify Specialist
Media does not feed when Feed/ Pause button is pressed	Media Alignment ring is too tight	Adjust ring to fit
	Label media empty	Load labels

MRT HARDWARE SETTINGS
for INTERMEC 3000

TERMINAL TYPE FILE

<u>FIELD NAME</u>	<u>SETTING</u>
Select TERMINAL TYPE NAME:	P-INTERMEC3000
NAME	P-INTERMEC3000
RIGHT MARGIN	35
FORM FEED	#
PAGE LENGTH	12

DEVICE EDITOR

In the DEVICE EDITOR menu option, the site hardware specialist will set each Intermec printer to reflect the following:

<u>FIELD NAME</u>	<u>SETTING</u>
Select DEVICE NAME	(name - ex, W1RBP1, PAD1)
NAME	(name, same as above)
\$I	Logical name of device (ex, _LTA640)
Select MNEMONIC	Multiple synonyms allowed
SUBTYPE	P-INTERMEC3000
TYPE	TERMINAL
DEFAULT SUBTYPE	P-INTERMEC3000
ASK DEVICE?	YES
ASK RIGHT MARGIN?	NO
DEVICE SET	Device Group (Ex- 1WRD)
MARGIN WIDTH	35
PAGE LENGTH	12
FORM FEED	#

VMS SETTINGS

Within VMS each device must be set up with certain defining characteristics. For Intermec printers, the specialists will follow the example below:

<u>FIELD NAME</u>	<u>SETTING</u>
TERMINAL	Logical name of device
DEVICE TYPE	VT100
OWNER	NO OWNER
INPUT	2400
OUTPUT	2400
LFfill	0
CRfill	0
WIDTH	132
PAGE	24
PARITY	NONE

Terminal Characteristics
[multiple fields, must be exact]

COLUMN #1	Interactive Hostsync Wrap No Broadcast No Modem No Brdcstmbx No Line Editing No Secure Server No SIXEL Graphics ANSI_CRT No Edit_Mode No DEC_CRT4
COLUMN #2	No Echo TTSync Scope No Readsynchron No Local_Echo No DMA Overstrike Editing No Disconnect No Soft Characters No Regis DEC_CRT
COLUMN #3	Type_ahead Lowercase No Remote No Form No Autobaud No Altypeahd Pasthru No Printer Port No Block_mode No DEC_CRT2
COLUMN #4	No Escape Tab Eightbit Fullldup No Hangup No Set_speed No Dialup No Syspassword Numeric Keypad Advanced_Video No DEC_CRT3

****NOTE:** This should be set--->
to SET_SPEED for sites using
ABLE/ATTACH instead of LAT

LAT SETTINGS

If the site is on a LAT system, the port display would look like this:

```
$MC LATCP
LCP> SHOW PORT LTA640
```

```
Local Port Name = LTA640:    <application>

Specified Remote Node Name = QD1SE1
Specified Remote Port Name = LC-8-2
Link Name = PRIMARY$LINK
```

And the Terminal Server Manager setting would look like this:

```
$ TSM/SERVER=QD1SE1
TSM_SVR_QD1SE1> SHOW PORT 114
```

```
Port 114: WRAMC CHCS Terminal      Server: QD1SE1

Character Size:          8          Input Speed:          2400
Flow Control:           XOM        Output Speed:         2400
Parity:                  None       Modem Control:      Disabled
Stop Bits:              Dynamic

Access:                  Remote     Local Switch:       None
Backward Switch:         None       Name:               LC-8-2
Break:                   Disabled    Session:            4
Forward Switch:          None       Type:               SOFT
```

```
Dedicated Service:  CHCS
```

```
Authorized Groups:    0
(Current) Groups:     0
```

```
Enabled Characteristics:
Lock, Loss notification, message codes, verification
```

MRT BARCODE READERS

GENERAL INFORMATION

The Intermec 9570 and 9710 Wedge Readers are barcode-reading devices which connect directly into the keyboard port of a Dec VT320 or VT420 terminal. When used in conjunction with CHCS, this device allows for the quick scanning of barcode labels placed on Radiology film jackets and patient medical records. The scanning of the label replaces the need for data entry via the computer keyboard. In the following document, you will be provided with detail of the device itself, troubleshooting tips, setup information and implementation issues.

COMPONENTS

The 9570 consists of the wand, the wand holder, the reader itself and the power supply. The holder may be attached to the desktop, the side of the terminal or on any convenient and flat surface. It attaches with velcro strips, providing a sturdy location for the storage of the wand when not in use. The wand itself connects to the reader with a coiled cord much like a telephone cord. On the end of the cord is a plastic connector like the ones found on other communications cables. Connection should be tight. The wand contains a laser scanner and should not be shined directly into the eye. The 9570 reader will not work with the LK401 keyboard, as there is no way to interface the two.

The front panel of the 9570 contains four indicator lights: **Read**, **Fault**, **Config**, and **Power**. The **Power** light should be on at all times, but will flicker when a barcode is scanned. The **Read** light will indicate that a scan has been decoded. Light will turn off after a scan fails to decode, and the reader may need to be reset. The **Fault** light will indicate that a fault condition exists in the reader. The site hardware specialist should be notified if this light is on. The **Config** light indicates that the reader is in the configuration mode, ready to change the setup features.

The rear panel of the reader contains three ports. Beginning from the left of the device, the first port is for the attachment of the power supply, the second is for the connection of the modem, and the third is for connecting the reader to the keyboard.

The **9710** consists of the wand and a reader, which is usually attached to the top of the terminal in front of the air vents. There is no power supply associated with this device. It depends on the terminal for power. The 9710 will work with all configurations of workstations. The only problem noted with this reader is its tendency to lose settings. This is an inconsistent problem and may not happen in your experience.

**MRT BARCODE READERS
(continued)**

TROUBLESHOOTING TIPS

<u>SYMPTOM</u>	<u>POSSIBLE PROBLEM</u>	<u>TRY THIS</u>
Reader will not read	Loss of Power	Check power connection to reader and outlet
	Not using proper power supply	Make sure part # on power supply matches specification
	Input device not properly connected	Check connection of wand, terminal, etc., to reader
	Faulty input device	Read barcode with another device
	Reader can not accept that kind of code	Check configuration (H/W Specialist)
Barcode cannot be read by any reader	Poor barcode print quality	Try another device on same barcode
	Bad Scanning technique	Scan barcode from white area on one side to white area on other side, quickly and in one smooth stroke
Fault LED light	Bad power supply	Check power supply connection, type or failure (H/W Spec)
	Problem with system	If LED stays lit, notify specialist
Config LED (on when it should not be)	Reader entered config mode	Consult Specialist immediately. Any further action could change config.
Reader will not transmit	Incorrect Terminal Type	Select Correct terminal type in config setup (workstation setup)

BARCODE READER CONFIGURATIONS

9710

Follow the steps below, using the 9710 manual and WIG (Wedge Interface Guide) to find the barcodes needed.

RECONFIGURE AN INTERMEC 9710 BAR CODE READER

Scan the bar code below that matches your reader hookup.

VT320

VT420



\$+TA16



\$+TA22

Follow the steps and scan the bar codes below to reconfigure the bar code reader.

1. Configure CODE 39

Accumulate/Change Config/CODE 39



+/\$+CB

6. Carriage Return



CR

2. First parameter

without a check digit†



1

7. End of data



Scan the two labels listed below:

retain/transmit

check digit†



1

mixed-full ASCII



2

8. Enter data

Exit Accumulate



./

3. Enter data

Exit Accumulate



./

(wait for beeps)

(wait for beeps)

9. Scan the test label to check the bar code read. The monitor should display DATA and a carriage after return you scan the label.

4. Configure postamble

Accumulate/Change Config/Postamble



+/\$+AC



DATA

5. Beginning of data



SYS-00623

9570

Follow the steps below to reset the 9570 Wedge reader. You will only need the 9570 manual.

Pg 4-11 Scan the "Default Configuration" barcode

Pg 4 Scan the VT320/LK401 Barcode (may say LK201)

Pg 3-11 Scan the "CR" barcode

You will hear a confirming beep after each barcode is scanned.

Using MRT to Track Patient Consults

Defined the process for consult movement, decided what portion of this process needed to be tracked, and discuss the use of MRT to track this portion.

Guidelines need to be set, parameters defined, and the file/table process outlined.

a. Built the file/table entries in the following files:

1. Hospital Location/Borrowers-File Areas files: Added Consult Control Center (CCC) as a location (file area)

2. Label Function: Create a new label using the following suggested fields:

BARCODE FOR RECORD - row 15, column 10, size 3,
barcode YES
CURRENT DATE/TIME - row 12, column 22, title DAY
ONE:, size 2
FMP/SSN - row 5, column 1, title FMP/SSN:, size 3
NAME - row 3, column 1, title NAME:, size 3
PATIENT CATEGORY - row 1, column 1, title Pat Cat:,
size 3
PATIENT PHONE - row 7, column 1, title HOME PH:,
size 3
RECORD # - row 12, column 1, title RECORD #:, size 2
SPONSOR DUTY PHONE - row 9, column 1, title DUTY
PH:, size 3
TYPE OF RECORD - row 1, column 20, title Type:,
size 3

3. Record Type: Added Consult as a record type with multiple volume capability. Use new label for this record type. Set Ask for Content Descriptor to "YES"
4. Record Tracking Application: Added the file room and central file area to the division. Ask for Associated Borrower in the Borrowers File Parameters for Hospital Location must be set to "YES".
5. Device File: Built in the barcode devices for the file area.

- b. For the input template for new records, the ASSOCIATED BORROWER field is being used to indicate which provider or clinic originated this consult, and the CONTENT DESCRIPTOR (free text field) is being used to indicate what type of consult it is, i.e., ALLERGY consult. These two fields will show up easily in a record

information inquiry. The following options are being utilized:

CREATE A RECORD/LABEL/VOLUME, CHARGE OUT RECORDS, CHECK IN RECORDS, RECORD INFORMATION MENU, INACTIVATE/REACTIVATE RECORDS, FLAG A RECORD AS MISSING, TRANSFER/RETIRE MENU, MANAGEMENT REPORTS MENU (Records Charged to a Borrower, Overdue Records List Charged Records by Home Location, and Missing Records List)

- c. The center can change to a different color label each month (leftover labels will be stored along with the corresponding ribbon in a sealed plastic bag until that color comes up again). The labels can be ordered from Intermec (600 colors were available). The colors make it easy for the consult clerks spot old consults that needed to be either appointed or deleted. The other method for spotting old consults is the CURRENT DATE/TIME field on the label which indicates when the consult was received and labelled in CCC.
- d. When consult has been appointed, CCC is no longer responsible for tracking. They will inactivate the record with a comment of "APPOINTED CONSULT".
- e. A Transfer/Retire list should be run every 4-6 weeks for the consult records which have been inactive for a given amount of time. This transfer should be to a records room setup in CHCS. Consults can then be deleted from the system IF there are no active consult records. The highest volume of a record must be deleted first then working backwards from there.

6. POST-ACTIVATION.

After the initial activation of MRT, the site will assume the responsibility for file maintenance. This section provides useful information for standard changes to MRT file entries and addresses the need to add entries, such as new label formats or new filerooms. Site POCs should also refer Section 5 for information on Implementation Assistance, which is an ongoing process during the post-activation phase.

6.1 F/T MAINTENANCE.

After the activation of the MRT subsystem, it will be necessary for the site to appoint one or more individuals who will be responsible for maintaining the MRT files, including adding new entries. These individuals should attend all MRT class modules and be assigned the RT SYS and DIOUT security keys (for access to the Systems Definitions file and Print File Entries).

6.1.1 Menu Paths for File Maintenance.

Menu paths for file maintenance for the MRT subsystem are the same as the menu paths to initially build the files. You will not need to use the secondary menu option Record Tracking Total System Menu. See Section 4.3.3, page 4-23.

6.1.2 Specific Maintenance Instructions.

ADDING A NEW FILEROOM

New filerooms must be added as Hospital Locations, then added as filerooms through the MRT FSU Fileroom Setup option. All parameters must be defined, and the fileroom must then be added as an 'Allowable File Room' to store records under the record type(s) it will store and track. Remember that the fileroom name will be the first synonym, but if the fileroom name is changed in the Hospital Location file, the name **must be added as a synonym**.

NOTE: If filerooms are added AFTER the first pull list and initial registration drive have begun in the facility, pull lists for this fileroom may encounter problems. The primary reason being that all patients registered will default to the batch list for the central file area for the division in which they were registered. If this fileroom was not available for entry in the patient's OP RECORD HOME LOCATION field and is not the default file area for the division, pull/batch lists may be difficult to get started.

ADDING A NEW BORROWER

New borrowers must be added into their common file first, then added in as borrowers through the BSU option. Be sure to note record types to pull, if the borrower is a clinic which will need records pulled through the MRT system. Adding synonyms to the borrower entry is helpful for quick look-ups. If name of Borrower changes in its primary file (such as PROVIDER), the new name **must be added as a synonym** in the Borrowers-File Areas file.

ADDING A NEW RECORD TYPE

The new record type should be added through the TYS Record Type Setup. Define all filerooms allowed to store this record type. Then add the record type as one used by the MRT application through the APP Record Tracking Application Setup option. **NOTE:** If this record type will use a different label format, the format must be built through the LFM option then attached through the TYS option.

ADDING NEW REASON

To add a new reason to the REASON file, simply follow the menu path and add the new reason as instructed in the initial file build sequence.

ADDING NEW RT FILEROOM SPECIFIC LOCATION or ADDITIONAL MEDICAL TREATMENT FACILITY

These two types of MRT file entries should be entered as defined in the initial file build process described in Section 4. No special provision must be made for these entries. **NOTE:** The PAD and LAB subsystems also use the Additional Medical Treatment Facility file. Any new entries should be coordinated with the POCs for those areas.

MODIFYING LABEL FORMATS

First it must be determined which record types and file areas will be impacted by a change in the label format (check the record type file for format used, and check the filerooms allowed to store that record type). The changes must then be discussed and agreed upon by all parties involved. Once this is done, the user should build the new format in the training data base, if possible, to test the format and content. If this is not possible, caution should be exercised in modifying the label in the production system. The user may edit the label format, modifying, removing or adding print fields and their position on the label. Test labels should be run until all parties are satisfied with the finished product. It is best to save the initial settings in a printed format (see the print template, Appendix F), do the file maintenance after normal duty hours, then test and approve the new format prior to the beginning of business the next day.

MISCELLANEOUS

Entering new synonyms for filerooms, borrowers, or clinics may help users get 'direct hits' during use of the system. The need for this type of 'fine-tuning' may be identified and implemented during the IA process or afterwards by site F/T POCs.

Removing a synonym for MRT locations/borrowers may cause difficulty, especially if it is a frequently used synonym. It is wise to keep the owners of the RT SYS security key to a minimum in order to limit the occurrence of users inadvertently changing file entries which impact other users.

Using MRT for purposes of tracking items it was not initially designed to track (such as Consults) should be discussed with SAIC personnel in order to ensure the accuracy and completeness of the files, and to ascertain whether or not the system can do what the site wishes it to do.

6.2 CONTINUING TRAINING IDEAS FOR MRT.

- a. Make sure that all new supervisors attend appropriate modules of MRT training as soon as possible.
- b. Send all new clerks/watch bill personnel through MRT training.
- c. Regularly evaluate workflow in all filerooms and run refresher training, if necessary.
- d. Develop handouts as needed to assist users with trouble areas.

6.3 SYSTEM SUPPORT.

Occasionally the system will not function as expected. It is important to train users to report problems in a timely manner and to provide enough information so that the problem may be diagnosed and solved quickly. Prior to activation, the proper protocol for reporting and resolving system problems should be decided upon by SAIC Site staff and by the site project office.

6.3.1 Troubleshooting MRT Problems.

The following is a suggested list of actions for trouble shooting problems.

- a. Document the problem in writing. Note menu path and options used. If an error message is displayed, copy it down or obtain screen prints documenting the problem. Determine the Central Processing Unit (CPU) that you are

signed onto as this is helpful when your terminal is locked. To do this hold down the "Ctrl" key and press the letter "T". The screen should display something like "KXVA:(your name) _598(current time) DSM CPU=00", etc. This user is on CPU "KXVA". Try to reproduce the problem before reporting it. Maintain a log of problems reported for reference.

- b. Prioritize the problem. Will patient care be impacted by the problem? Will department workflow be impeded? What is the risk of using the system until the problem is resolved?
- c. Communicate the problem in writing, by phone, or by E-Mail to the PAD/MRT POC, the Project Office, and SAIC site staff. If you report the problem verbally, be sure to followup with an E-mail message documenting the fact that you reported it, when you reported it, and to whom you reported it. This is for tracking and followup purposes. Also include problem and support center call #/quick fix, etc., in your weekly IA report.
- d. Research the problem. Examine the data base for clues relating to the cause. Consult with other subsystems POCs to see if they are having similar problems. (Problems may be related to recent software updates). Refer to literature available (user manuals, data base installation guides, training manuals). Consult with training staff. Consult with SAIC site staff.
- e. If the problem cannot be solved on site, file a System Incident Report (SIR) to the Support Center, normally through your Site Manager.
- f. Research solutions and identify alternate actions if necessary. Communicate planned alternate action to users and site staff. Implement alternative (workaround).
- g. Follow up on reported problems. Set date to check on progress of problem resolution. Check to see if solutions to other problems might have resolved this one. When problem is solved, communicate results.

6.3.2 Downtime Procedures for MRT.

The following is a suggested plan for MRT workflow during system downtime. It is important that each site define and publish a plan for CHCS downtime.

In the event that the CHCS system is down for an extended amount of time, the users should have a store of the paper charge slips they used before CHCS was installed. Patients must pick up their records at the counter, as there will be no way for the system to produce appointment rosters, pull lists, etc. If possible, a list should be kept of records charged out: patient name, FMP/SSN, and borrower. This information will have to be manually entered into the system when it is online again if the fileroom wishes to accurately track records which moved during the downtime. If the users experience any system errors once they begin using it again, they should report them immediately to their designated help desk personnel.

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APPENDIX A:

CLASS DESCRIPTIONS

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For Class Descriptions, please refer to Section 6 of CDRL
Item B024, "CHCS Functional Class Descriptions (Supplement to the
Implementation Support Plan)," SAIC/CHCS Doc. TC-4.2-0720, dated
13 May 1994.

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APPENDIX B:

FILE RELATIONSHIPS AND CROSS-REFERENCES

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CHCS is a system that makes use of pointer relationships. A data element in a file may point to a specific record in another file. A file/field that contains a "pointer" does not contain the actual data but only a reference to the actual data that is contained in a different file. If an entry in a "pointed to" file is deleted, pointer relationships will be broken and files previously pointing to such data will be corrupted.

For example, in file #190 (RECORDS) there is a data-element or field name called TYPE OF RECORD. This TYPE OF RECORD points to another file called the RECORD TYPES file (#195.2). If the TYPE OF RECORD entry in the RECORD TYPES file is deleted, the pointer relationship is broken and the TYPE OF RECORD entry in the RECORD TYPES file is corrupted.

The attached table will be useful during data collection, file and table build, and maintenance. It shows the file and the fields (data elements) that point to data in other files. When a field from a file listed on the left shows that it contains data from another file, the other file would have to be built before you could complete the field in the file listed on the left. For example, in the REQUESTED RECORDS file (#190.1), the field USER REQUESTING RECORD is a pointer to the USER file (#3). The USER file (#3) entry would have to exist before the field in the REQUESTED RECORDS file (#190.1) could contain that user's name.

<u>FILE NUMBER</u>	<u>FILE GROUP*</u>	<u>FILE NAME Field Name</u>	<u>POINTS TO</u>	<u>FILENAME</u>
190	3	RECORDS		
		TYPE OF RECORD-----		RECORD TYPES
		APPLICATION-----		RECORD
				TRACKING APPLICATION
		PARENT RECORD-----		RECORDS
		HOME LOCATION-----		BORROWERS-
				FILE AREAS
		PATIENT FILE POINTER-----		PATIENT
		HOME DIVISION-----		MEDICAL
				CENTER DIVISION
		USER WHO CREATED RECORD-----		USER
		ASSOCIATED REQUEST-----		REQUESTED
				RECORDS
		ASSOCIATED MOVEMENT-----		RECORD
				MOVEMENT HISTORY
		CURRENT BORROWER/FILE ROOM---		BORROWERS-
				FILE AREAS
		USER THAT CHARGED RECORD-----		USER
		TYPE OF MOVEMENT-----		RECORD
				MOVEMENT TYPES
		ASSOCIATED BORROWER-----		BORROWERS-
				FILE AREAS
190.1	3	REQUESTED RECORDS		
		NAME-----		RECORDS
		USER REQUESTING RECORD-----		USER
		REQUESTOR-----		BORROWERS-
				FILE AREAS
		USER RESPONSIBLE FOR STATUS--		USER
		CANCEL REASON-----		REASONS
		PULL LIST-----		PULL LIST
		PARENT REQUEST-----		REQUESTED
				RECORDS
		DIVISION OF REQUESTOR-----		MEDICAL
				CENTER DIVISION
		ASSOCIATED REQUESTOR-----		BORROWERS-
				FILE AREAS
		PARENT APPOINTMENT-----		PATIENT
				APPOINTMENT

<u>FILE NUMBER</u>	<u>FILE GROUP*</u>	<u>FILE NAME Field Name</u>	<u>POINTS TO</u>	<u>FILENAME</u>
190.2	3	MISSING RECORDS		
		NAME-----		RECORDS
		USER-----		USER
		WHERE WAS RECORD FOUND?-----		BORROWERS- FILE AREAS
		REASON RECORD WAS MISSING----		REASONS
		USER WHO ENTERED AS FOUND----		USER
		APPROVING SUPERVISOR-----		USER
		SUPERVISOR COMMENTS-----		SUPERVISOR COMMENTS SUB-FIELD
		USER COMMENTS-----		USER COMMENTS SUB-FIELD
190.3	3	RECORD MOVEMENT HISTORY		
		NAME-----		RECORDS
		USER THAT REQUESTED RECORD---		USER
		BORROWER-----		BORROWERS- FILE AREAS
		USER THAT CHARGED RECORD----		USER
		TYPE OF MOVEMENT-----		RECORD MOVEMENT TYPES
		USER RESPON FOR NEXT MOVEMENT--		USER
		ASSOCIATED BORROWER-----		BORROWERS- FILE AREAS
190.4	3	RECORD BATCH PRINT		
		APPLICATION-----		RECORD TRACKING APPLICATION
		DIVISION-----		MEDICAL CENTER DIVISION
		FILE ROOM-----		BORROWERS- FILE AREAS
		PATIENT APPOINTMENT-----		PATIENT APPOINTMENT SUB-FIELD

<u>FILE NUMBER</u>	<u>FILE GROUP*</u>	<u>FILE NAME Field Name</u>	<u>POINTS TO</u>	<u>FILENAME</u>
190.5	3	RECORD TRANSFER-RETIRE LIST		
		USER-----	-->	USER
		APPLICATION-----	-->	RECORD
				TRACKING APPLICATION
		DIVISION-----	-->	MEDICAL
				CENTER DIVISION
		FILEROOM-----	-->	BORROWERS-
				FILE AREAS
		ACTIVITY-----	-->	RECORD
				MOVEMENT TYPES
		ACTIVATION USER-----	-->	USER
		RECORD TYPE-----	-->	RECORD TYPES
		DESTINATION-----	-->	BORROWERS-
				FILE AREAS
		RECORD-----	-->	RECORD
				SUB-FIELD
194.4	2A	LABEL FORMAT		
		APPLICATION-----	-->	RECORD
				TRACKING APPLICATION
		PRINT FIELDS-----	-->	PRINT FIELDS
				SUB-FIELD
		COMPILED LOGIC-----	-->	COMPILED
				LOGIC SUB-FIELD
194.5	1	LABEL PRINT FIELD		
		PARENT FILE-----	-->	PARENT FILE
				SUB-FIELD

<u>FILE NUMBER</u>	<u>FILE GROUP*</u>	<u>FILE NAME Field Name</u>	<u>POINTS TO</u>	<u>FILENAME</u>
195.1	2C	RECORD TRACKING APPLICATION SERVICE----->DEPARTMENT AND SERVICE BORROWER BARCODE FORMAT----->LABEL FORMAT DEFAULT RECORD CREATION TYPE-->RECORD TYPES DELETED RECORD MAIL GROUP---->MAIL GROUP MISSING RECORD MAIL GROUP---->MAIL GROUP SYNONYMS----->SYNONYMS SUB-FIELD DIVISION----->DIVISION SUB-FIELD BORROWER FILE PARAMETERS----->BORROWER FILE PARAMETERS SUB-FIELD MRT RECORDS NEEDED BY CLINICS-->MRT RECORDS NEEDED BY CLINICS SUB-FIELD RAD FOLDERS NEEDED BY CLINICS-->RAD FOLDERS NEEDED BY CLINICS SUB-FIELD ENTITY FILE----->ENTITY FILE SUB-FIELD		
195.2	2C	RECORD TYPES APPLICATION----->RECORD TRACKING APPLICATION RECORD LABEL FORMAT----->LABEL FORMAT REQUEST NOTICE FORMAT----->LABEL FORMAT MASTER FOLDER----->RECORD TYPES LINKED RECORDS----->LINKED RECORDS SUB-FIELD ALLOWABLE FILE ROOMS----->ALLOWABLE FILE ROOMS SUB-FIELD		
195.3	1	RECORD MOVEMENT TYPES APPLICATION----->RECORD TRACKING APPLICATION		

<u>FILE NUMBER</u>	<u>FILE GROUP*</u>	<u>FILE NAME Field Name</u>	<u>POINTS TO</u>	<u>FILENAME</u>
195.4	2C	RECORD TRACKING SYSTEM PARAMETERS MRT TRACKING APPLICATION----->RECORD TRACKING APPLICATION INPATIENT RECORD TYPE----->RECORD TYPES OUTPATIENT RECORD TYPE----->RECORD TYPES DENTAL RECORD TYPE----->RECORD TYPES RADIOLOGY TRACKING APPLICATION-->RECORD TRACKING APPLICATION RECORD TYPE FOR MASTER JACKET-->RECORD TYPES		
195.5	3	VARIABLE POINTER FILE----->FILE VARIABLE-POINTER----->VARIABLE- POINTER SUB-FIELD		
195.6	2A	REASONS APPLICATION----->RECORD TRACKING APPLICATION DESCRIPTION----->DESCRIPTION SUB-FIELD		
195.9	2C	BORROWERS-FILE AREAS DEFAULT RECORD MASTER TYPE--->RECORD TYPES HOSPITAL LOCATION FILE POINTER-->HOSPITAL LOCATION APPLICATION----->RECORD TRACKING APPLICATION REQUESTS FOR WHICH BORROWER?-->BORROWERS- FILE AREAS RECORDS NEEDED BY LOCATION--->RECORDS NEEDED BY LOCATION SUB-FIELD INPUT DEVICES----->INPUT DEVICES SUB-FIELD SYNONYMS----->SYNONYMS SUB-FIELD		
8376	2C	RT FILEROOM SPECIFIC LOCATIONS HOSPITAL LOCATION----->HOSPITAL LOCATION		

CROSS-REFERENCES FOR FILES

A cross-reference is an index to a file. An index is a listing sorted by the field that has been identified as the cross-reference. Every file has a cross-reference on the NAME field. This means that a look-up can be done on any file with the NAME field. Files can have more than one cross-referenced field. For example, the Patient file has a cross-reference on the NAME field, as well as several other fields. Some of these cross-references can be used to expedite the look-up process in the file. For example, another cross-reference in the Patient file is the SOCIAL SECURITY NUMBER (SSN) field which can be used as a look-up for a patient.

<u>FILE#</u>	<u>FILE NAME</u>	<u>CROSS-REFERENCE FIELDS</u>
194.4	LABEL FORMAT	NAME(194.4,.01) APPLICATION(194.4,3)
195.1	RECORD TRACKING APPLICATION	APPLICATION(195.1,.01) SERVICE(195.1,2) SYNONYM(195.11,.01)
195.2	RECORD TYPE	NAME(195.2,.01) APPLICATION(195.11,.01)
195.4	RECORD TRACKING SYSTEM PARAMETERS	NAME(195.4,.01)
195.6	REASONS	NAME(195.6,.01) APPLICATION((195.6,3)
195.9	BORROWER-FILE AREA	NAME(195.9,.01) SYNONYM(195.9003,.01)
8376	RT FILEROOM SPECIFIC LOCATIONS	NAME(8376,.01)

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APPENDIX C:

DATA COLLECTION FORMS

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FILE ROOM SET-UP
(PAGE 1 OF 2)

FILE AREA: _____

APPLICATION: ☒ MEDICAL RECORDS

PHONE NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1-15 characters)

LOCATION/ROOM NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(1-15 characters)

RECORD SORT: ☐ ALPHA (a) ☐ TERMINAL DIGITS (t)

ACTION IF HOME IS DIFFERENT:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

 NO ACTION (n)
AUTOMATICALLY CHANGE (a)
QUESTION USER ABOUT CHANGE (q)
DISPLAY WARNING ONLY (d)

DEFAULT RECORD MASTER TYPE: RAD ONLY (Image Tracking). LEAVE BLANK.

VOLUMES REQUIRED: ☐ Latest Volume ☐ All Volumes

PRINTERS ASSIGNED TO THIS FILE ROOM
(1-40 characters)

RECORD BARCODE PRINTER: _____

REQUEST NOTICE PRINTER: _____

MANAGEMENT REPORT PRINTER: _____

CHARGE CARD PRINTER: _____

PULL LIST PRINTER: _____

(PAGE 2 OF 2)

SECURITY KEY NEEDED TO SELECT FILE ROOM

WHICH SECURITY KEY IS NEEDED?: RTFR_____

SYNONYM(S) :

[illegible]

2-30 characters

PERSONNEL ASSIGNED TO THIS FILE ROOM:

STAFF

SUPERVISOR

LABEL FORMAT WORKSHEET

LABEL FORMAT NAME: _____

[illegible]

(PAGE 1 OF 2)

NAME :

(3-30 characters)

APPLICATION:

ABBREVIATION:

(1-3 characters)

CAN RECORD BE REQUESTED?:

YES		NO
-----	--	----

IS RECORD TEMPORARY?:

YES		NO
-----	--	----

ASK FOR CONTENT DESCRIPTOR?:

YES		NO
-----	--	----

MASTER FOLDER: Image Tracking (RAD ONLY) LEAVE BLANK.

MULTIPLE VOLUMES ALLOWED:

YES		NO
-----	--	----

DESCRIPTION:

[illegible]

(1-80 characters)

INQUIRY DISPLAY ORDER:

(0-999)

RECORD TYPE SET-UP
(PAGE 2 OF 2)

LABEL FORMAT SPECIFICATIONS

RECORD LABEL FORMAT: _____

REQUEST NOTICE FORMAT: _____

CUTOFF/PURGE PARAMETERS

PENDING REQUEST CUTOFF (DAYS): (1-100)

CURRENT BORROWER FUTURE REQUEST TIME MINIMUM (MIN): (1-99999)

PREVIOUS MOVEMENTS TO RETAIN: (10-100)

REQUEST PURGE CUTOFF (DAYS): (1-100)

OK TO PURGE DATA?: ☐ YES ☐ NO

MISSING RECORD CONTROL PARAMETERS

CONTROL OF FINDING RECORDS: ☐ FILE ROOM SUPERVISOR ONLY (**f**)
☐ ANY USER (**a**)

OTHER RECORDS TO CREATE WHEN INITIALIZING THE RECORD TYPE

LINKED RECORDS: _____

FILE ROOMS ALLOWED TO STORE RECORD TYPE

ALLOWABLE FILE ROOMS: _____

RECORD TRACKING APPLICATION SET-UP
(PAGE 1 OF 4)

APPLICATION: ☒ MEDICAL RECORD TRACKING

SERVICE: _____
(select from Department and Service File)

SYNONYMS: _____

(3-30 characters)

DIVISION PARAMETERS

DIVISION: _____
(select from Medical Center Division File)

CENTRAL FILE AREA: _____

DEFAULT PULL LIST SORT:

☐
☐

TERMINAL DIGITS (**t**)

CLINIC NAME THEN TERMINAL
DIGITS (**c**)

☐
☐

APPOINTMENT TIME (**a**)

CLINIC NAME THEN PATIENT NAME (**p**)

FOLDER PULL METHOD: RAD ONLY. LEAVE BLANK

PRINT PULL NOTICE: RAD ONLY. LEAVE BLANK

TYPE OF RECORD: _____

DEFAULT HOME LOCATION: _____

DEFAULT INITIAL BORROWER: _____

CHARGE TAG FORMAT: _____

ROUTING TAG FORMAT: _____

RECORD TRACKING APPLICATION SET-UP
(PAGE 2 OF 4)

TYPE OF RECORD: _____

DEFAULT HOME LOCATION: _____

DEFAULT INITIAL BORROWER: _____

CHARGE TAG FORMAT: _____

ROUTING TAG FORMAT: _____

TYPE OF RECORD: _____

DEFAULT HOME LOCATION: _____

DEFAULT INITIAL BORROWER: _____

CHARGE TAG FORMAT: _____

ROUTING TAG FORMAT: _____

TYPE OF RECORD: _____

DEFAULT HOME LOCATION: _____

DEFAULT INITIAL BORROWER: _____

CHARGE TAG FORMAT: _____

ROUTING TAG FORMAT: _____

TYPE OF RECORD: _____

DEFAULT HOME LOCATION: _____

DEFAULT INITIAL BORROWER: _____

CHARGE TAG FORMAT: _____

ROUTING TAG FORMAT: _____

RECORD TRACKING APPLICATION SET-UP
(PAGE 4 OF 4)

BORROWER PARAMETERS

BORROWER: Hospital Location File: (Active Clinics, Wards, File Rooms)

ASK PHONE/ROOM?:	<input type="checkbox"/>	YES (y)	<input type="checkbox"/>	NO (n)
ASK FOR ASSOCIATED BORROWER:	<input type="checkbox"/>	YES (y)	<input type="checkbox"/>	NO (n)
SHOW CHARGED RECORDS?:	<input type="checkbox"/>	YES (y)	<input type="checkbox"/>	NO (n)

BORROWER: Medical Center Division File:

ASK PHONE/ROOM?:	<input type="checkbox"/>	YES (y)	<input type="checkbox"/>	NO (n)
ASK FOR ASSOCIATED BORROWER:	<input type="checkbox"/>	YES (y)	<input type="checkbox"/>	NO (n)
SHOW CHARGED RECORDS?:	<input type="checkbox"/>	YES (y)	<input type="checkbox"/>	NO (n)

BORROWER: Medical Treatment Facility File:

ASK PHONE/ROOM?:	<input type="checkbox"/>	YES (y)	<input type="checkbox"/>	NO (n)
ASK FOR ASSOCIATED BORROWER:	<input type="checkbox"/>	YES (y)	<input type="checkbox"/>	NO (n)
SHOW CHARGED RECORDS?:	<input type="checkbox"/>	YES (y)	<input type="checkbox"/>	NO (n)

BORROWER: Provider File:

ASK PHONE/ROOM?:	<input type="checkbox"/>	YES (y)	<input type="checkbox"/>	NO (n)
ASK FOR ASSOCIATED BORROWER:	<input type="checkbox"/>	YES (y)	<input type="checkbox"/>	NO (n)
SHOW CHARGED RECORDS?:	<input type="checkbox"/>	YES (y)	<input type="checkbox"/>	NO (n)

BORROWER: Additional Medical Treatment Facility File:

ASK PHONE/ROOM?:	<input type="checkbox"/>	YES (y)	<input type="checkbox"/>	NO (n)
ASK FOR ASSOCIATED BORROWER:	<input type="checkbox"/>	YES (y)	<input type="checkbox"/>	NO (n)
SHOW CHARGED RECORDS?:	<input type="checkbox"/>	YES (y)	<input type="checkbox"/>	NO (n)

BORROWER: RT Fileroom Specific:

ASK PHONE/ROOM?:	<input type="checkbox"/>	YES (y)	<input type="checkbox"/>	NO (n)
ASK FOR ASSOCIATED BORROWER:	<input type="checkbox"/>	YES (y)	<input type="checkbox"/>	NO (n)
SHOW CHARGED RECORDS?:	<input type="checkbox"/>	YES (y)	<input type="checkbox"/>	NO (n)

**RECORD TRACKING APPLICATION SET-UP
(ADDITIONAL DIVISIONS)**

DIVISION: _____
(select from Medical Center Division File)

CENTRAL FILE AREA: _____

DEFAULT PULL LIST SORT:	<input type="checkbox"/>	TERMINAL DIGITS (t)
	<input type="checkbox"/>	CLINIC NAME THEN TERMINAL DIGITS (c)
	<input type="checkbox"/>	APPOINTMENT TIME (a)
	<input type="checkbox"/>	CLINIC NAME THEN PATIENT NAME (p)

FOLDER PULL METHOD: RAD ONLY. LEAVE BLANK

PRINT PULL NOTICE: RAD ONLY. LEAVE BLANK

TYPE OF RECORD: _____

DEFAULT HOME LOCATION: _____

DEFAULT INITIAL BORROWER: _____

CHARGE TAG FORMAT: _____

ROUTING TAG FORMAT: _____

TYPE OF RECORD: _____

DEFAULT HOME LOCATION: _____

DEFAULT INITIAL BORROWER: _____

CHARGE TAG FORMAT: _____

ROUTING TAG FORMAT: _____

TYPE OF RECORD: _____

DEFAULT HOME LOCATION: _____

DEFAULT INITIAL BORROWER: _____

CHARGE TAG FORMAT: _____

NON DoD MEDICAL TREATMENT FACILITY (4.01)
 ADDITIONAL MEDICAL TREATMENT FACILITY (4.1)
 FILE # 8101.1

FACILITY CODE:

--	--	--

NAME :

[illegible]

STREET ADDRESS 1:

[illegible]

STREET ADDRESS 2:

[illegible]

CITY:

[illegible]

STATE/LOC:		
------------	--	--

ZIP CODE:

--	--	--	--	--

REASON FILE SET-UP

REASON:

(3-30 characters)

TYPE OF REASON:

☐

CANCEL REQUEST (c)

☐

MISSING RECORD (m)

☐

GENERAL (g)

DESCRIPTION: _____

_____.

**RT OVERALL PARAMETERS
DATA COLLECTION FORM**

Queue Threshold: _____
Operating Conditions: _____
Null Queuing Device: _____
OK to Purge Pull Lists?: _____ Days to Retain Pull Lists: _____
OK to Purge Requests?: _____
OK to Purge Movement Logs?: _____
OK to Purge Batch Lists?: _____ Days to Retain Batch Lists: _____

*** MRT PARAMETERS ***

Inpatient Record Type: INPATIENT
Outpatient Record Type: OUTPATIENT
MRT Interface Status: UP

*** FILM JACKET TRACKING PARAMETERS ***

Record Type for Master Jacket: MASTER FOLDER
Radiology Interface Status: UP

BORROWER SET-UP

BORROWER: _____

APPLICATION:	MEDICAL RECORDS
--------------	-----------------

LOCATION/ROOM NUMBER:
(1-15 Characters)

[illegible]

PHONE NUMBER:
(1-15 Character)

[illegible]

SYNONYMS :

[illegible]

FOR CLINICS-RECORD REQUEST WHEN MAKING APPOINTMENT

RECORD TYPE NEEDED: _____

LOCATIONS SPECIFIC TO RECORDS TRACKING

NAME: _____
(2-35 Characters)

DESCRIPTION: _____
(2-30 Characters)

HOSPITAL LOCATION: _____
(Select from Hospital location File)

NAME: _____
(2-35 Characters)

DESCRIPTION: _____
(2-30 Characters)

HOSPITAL LOCATION: _____
(Select from Hospital location File)

NAME: _____
(2-35 Characters)

DESCRIPTION: _____
(2-30 Characters)

HOSPITAL LOCATION: _____
(Select from Hospital location File)

NAME: _____
(2-35 Characters)

DESCRIPTION: _____
(2-30 Characters)

HOSPITAL LOCATION: _____
(Select from Hospital location File)

APPENDIX D:

GLOSSARY

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ACCESS The process of requesting an entry in a particular file or in certain fields in a given file. Also refers to data security functions for files or certain fields in a file.

ACCESS CODES See User Security. See also FILEMAN.

ACCESS/VERIFY CODES The Access and Verify Codes are used in the log-in process to identify a legitimate user and to gain access to CHCS. Both codes are site-specific and established by the CHCS System Manager. Only the verify code may be changed by the individual user. The codes do not show on the screen when entered.

ACRONYM Letters used to represent a name or title (e.g., CHCS is used to represent Composite Health Care System).

A&D Admission and Disposition.

AD HOC REPORTS Reports that consist of variable data and that are generated for a particular purpose or need.

ADMISSION The process of bringing a patient into the MTF as an inpatient.

ADMISSION OUTPUTS Outputs the user selects to complete the admission.

ADMISSION TYPE How the patient was admitted: Direct to Military Hospital from Emergency Room, Direct to Non-US Armed Services Hospital, Transfer from Air Force Hospital, etc.

ADT Admission, Disposition, and Transfer

ADT PAGING Admission, Discharge and Transfer pages:

OP: Outpatient page that contains all outpatient orders. Holds expired RX orders for 30 days and all other active orders.

PREADM: Pre-admission page that contains all orders to be performed before admission.

'WARD': 'Ward' page that contains all orders to be performed at the specified ward.

EPnnn: Episode page identified by the patient episode number (nnn). All previous order pages for the specified episode are collapsed into this page 60 days after completion of disposition or when the patient is readmitted within 60 days.

AHP	Allied Health Professional
APPLICATION SOFTWARE	Software that runs CHCS and performs functions necessary to control or make the system work.
APPOINTING	Synonymous with "appointment booking" or just "booking".
ASAP	As Soon as Possible
AT SIGN (@)	An edit response meaning delete the current value and leave the field empty of data. Also used to show appointment times, e.g., 13 June 1993@1000.
ATTRIBUTE	Information describing a file or data element. Types of attributes include data types, ranges, descriptions, and checks performed upon entry of a data element.
AQCESS	Automated Quality of Care Evaluation Support System
AUTHORITY	Having all required security keys needed to perform specified functions using CHCS.
BACKSPACE/ DELETE KEY	See Basic Computer Control Keys.
BAR CODE LABEL	A label consisting of printed bars and intervening spaces set up so that it is recognized as a specific entity when read by a bar code reader. Used to identify records, borrowers and requires in Record Tracking functionality.
BASIC CHCS CONTROL KEYS	<p>^ Key: Entered using <Shift>+<6> on the keyboard's main keypad. This key is used to exit the current activity. This character is also referred to as a "caret." It should NOT be called an "up-arrow."</p> <p>Backspace/Delete Key: Located in the upper right corner of the keyboard's main keypad, this key is used to delete (erase) the character to the left of the cursor. It is identified by a large left-arrow containing an X.</p>

Cursor Control Keys: The keys, located to the right of the keyboard's main keypad, allowing the user to move between fields in Screen Mode.

Help: System information and key-specific help may be accessed by either:

- a. Pressing the Help key
- b. Entering ?, ??, or ???.

<Hold Screen>: Located on the far upper left corner of the keyboard, this key is used to stop data from scrolling off the screen. Press it again to resume data scrolling.

Lock Key: When used, locks the alphabetical characters of the keypad to uppercase. It is located on the left side of the keyboard above the SHIFT key. A light indicates when the keyboard is "locked." A locked keyboard does not affect symbol/numeric keys. Most data should be entered in uppercase. To unlock the keyboard, press the lock key again.

Question Mark (?) Key: Located on the lower right side of the keyboard's main keypad. It is used to access CHCS Help. There are three levels of help available:

- a. Enter ? to access the first level
- b. Enter ?? to access the second level
- c. Enter ??? to access the third level.

Return <CR> Key: Located on the right side of the keyboard's main keypad. It is used to tell the computer to process data just entered. Although the key is often marked Return, it is referred to in CHCS documentation as <CR>, which stands for carriage return.

Shift Keys: Located on the left and right sides of the keyboard's main keypad, these keys are used to enter individual uppercase alphabetic characters, or to enter symbols above the numeric keys.

Spacebar: A space is entered by pressing the spacebar at the bottom of the keyboard's main keypad.

Spacebar <CR>: Entered by pressing the spacebar and then <CR> on the keyboard's main keypad. This sequence of keys is used to recall the most recent value entered at any SELECT prompt. The Return

key MUST be pressed after data is entered otherwise the computer does not know that the response to a prompt has been given.

BC/BS Blue Cross/Blue Shield

BCR Bar Code Reader

BORROWER In Record Tracking, a borrower is defined as a location, entity, or individual to whom records are loaned. This may be a physician, employee, clinic, ward, other hospital location, or patient.

BULLETIN A MAILMAN message sent to a mail group by the Postmaster or automatically by the system based on a CHCS event.

CARET (^)
KEY See Basic CHCS Control Keys.

CATHODE RAY
TUBE (CRT) A TV-like type of video display terminal (see KVDT) for interacting with an online computer system.

CHAMPUS Civilian Health and Medical Program of the Uniformed Services

CHCS Composite Health Care System

CLINIC a. An outpatient department or a hospital location

 b. A search criterion where the parameter identifies a clinic schedule.

COMMON FILES Files where data contained in the files:

 a. Is not specific to any subsystem
 b. Is modified by activity within any subsystem.

CONUS Continental United States

COMPOSITE
HEALTH CARE
SYSTEM (CHCS) A fully automatic, integrated medical information system. CHCS facilitates the coordination of health care activities and patient information between all departments within a MTF and its medically integrated outlying clinics.

 The United States Military Services provide health care for millions of patients each year. The goal of CHCS-PO is to enable military MTFs and clinics

to use CHCS to enhance the quality of health care delivery provided.

With an increase in the number and diversity of tasks performed by medical personnel, as well as an expansion of health-related technology, an improved approach to the management of medical information was needed. CHCS meets this need.

As an integrated, computer-based system, CHCS provides an automated on-line alternative to many manually implemented tasks (i.e., writing patient care orders, documenting medication administration, generating reports, etc.), thus significantly reduces potentially massive amounts of paperwork.

COMPUTER	An electronic device used to perform high-speed data processing operations and can store the data for retrieval.
CPU	Central Processing Unit
CURSOR	The flashing rectangle or underscore on the screen showing where the character is entered as the user types in responses or data.
DATA	A specific value in a field for a given record. All the data for a file is stored in a data global.
DATA BASE	A collection of data organized into files fundamental to an application.
DATA BASE MANAGEMENT SYSTEM	This software serves as the interface between the application programs and the data base. FileMan is the CHCS data base management system.
DATA DICTIONARY	File information that defines for each file: file structure, field attributes and relationships between other files.
DATA ELEMENT	A field within a specified file defined by specific attributes. Also, the field characteristics and the data entered in accordance with those characteristics.
DATA TYPE	A specification associated with each field that indicates the kind of information to be entered, the format for entering information, and the way

in which data is stored and retrieved. Valid data types are as follows:

Computed: A field whose value is computed from other data. No data is actually stored in a field possessing this data type.

Date/Time: A field that allows time data, including year, month, day, and time of day. Entries to this field are based on the system's "built-in clock". The user may enter a partial date/time and the system will enter the remaining data.

Free Text: A field containing any combination of alphabetic characters, numbers, and punctuation marks. The user may enter any text in the field. The characters may be limited to a minimum and/or a maximum, and the exact form can be specified, such as the SSN.

Numeric: A field that allows only data containing numbers. The user may enter only data containing numbers in this data type.

Pointer to a File: A field that provides a reference to data in a different file to preclude the reentering of redundant data. The possible entries for this field type "point" to another file that provides choices available for response. For example, this field type may point to the states in the United States, or the patient category in the patient category file. Data entry from different prompts in different options into the pointed-to file may or may not be controlled.

- a. **Controlled Entry:** At the prompt, the user must select from existing entries in the pointed to file.
- b. **LAYGO (Learn As You Go) Entry:** At the prompt, the user may select from existing entries in the pointed-to file, or add to the list of entries.

Set of Codes: A field that provides for the creation of a simple set of codes (alphabetic, numeric, and/or symbols) in order to input standard data choices. The possible responses to this field type are limited to a list of available entries or their abbreviations.

Word-processing: A field that allows multi-line text to be treated as a single unit, even though its data can be edited one line at a time. This field type provides for word processing input, such as is required for microbiology results. The system software provides a variety of word processing editing options.

DBMS	Data Base Management System
DEERS	See Defense Enrollment Eligibility Reporting System.
DEFAULT	This is the text provided by the system in response to a system prompt. A default allows for the entry of the most commonly used answer or the most recently inserted value, with only one keystroke. You press <CR> to accept the default. A default is always followed by two slashes (//).
DEFAULT DIVISION	The division accessed by the user at log-on.
DEFAULT RESPONSE	An expected response of the most common answer to a prompt. The default response may be provided by FileMan or defined by the user to save keystrokes and is followed by two slashes (//).
DEFENSE ENROLLMENT ELIGIBILITY REPORTING SYSTEM (DEERS)	A DoD program for determining and ensuring the eligibility of potential patients for military health care.
DEVICE	The name of an output device; i.e., a printer name.
DIGITAL STANDARD MUMPS	The language in which the CHCS captive account software is written. See also MUMPS.
DISPLAY	In CHCS documentation, this heading refers to the display of a menu or a screen of information, as opposed to a prompt or a message.
DISPOSITION	The end point of a patient's hospitalization (inpatient episode). There are numerous disposition types, i.e., discharge, death, or the patient's leaving against medical advice.

DIVIDED WORKCENTER	A CHCS-supported workcenter with two or more elements that provide similar services.
DIVISION	An organization that shares patient files and other files with other organizations supported by a CHCS system, but is otherwise administratively independent.
DMSSC	Defense Medical Systems Support Center
DOB	Date of Birth
DSM	Digital Standard MUMPS
DUPLICATE PATIENT	Two patient data records that actually belong to the same patient, or a patient registered twice in the system.
DWC	See Divided Workcenter
DX	Diagnosis
ELEMENT	A subworkcenter (within a divided workcenter) that provides services similar to those of another subworkcenter, but is kept separate for the purpose of controlling access, processing orders, maintaining procedure tables and administrative reporting.
ENCOUNTER	a. A visit by a patient to an outpatient clinic b. All data related to an outpatient visit.
ENTRY	A data value within a field, record, or file.
EPISODE	All data related to an inpatient visit, starting with admission and continuing through disposition.
EVE MENU	Also called the Systems Manager Menu, this is the very first menu that will appear after log-on. This menu is the parent of all other CHCS menus. This menu is NOT given to all users.
FACILITY	See MTF
FAMILY MEMBER PREFIX	A two-digit code that identifies a patient's relationship to the sponsor (e.g., child, spouse, dependent parent). FMPs are as follows: 01-19 = 1st through 19th child 20 = sponsor

30 = spouse
40 = mother of sponsor
45 = father of sponsor
50 = mother-in-law
55 = father-in-law
60 = 1st other eligible dependent
61 = 2nd other eligible dependent
98 = civilian emergency
99 = other

FIELD a. A labeled area within a screen in which the user may enter and edit text.

 b. The space in a record used to define a data element. A field has attributes such as a data type, storage location, and label. Data element and field are often used interchangeably.

FILE A collection of data records that are related in some way, such as the Provider File.

FILEMAN File Manager

FILE
MANAGER The DBMS used in CHCS. A general-purpose data base management system based on the MUMPS programming language used to create and maintain files.

FMP See Family Member Prefix

GLOBAL a. Global variable or global array, stored on disk and potentially available to any user

 b. Major division in MUMPS storage given a unique symbolic name

 c. The MUMPS internal logical location where data is stored. Within the data base management system, data dictionary definitions are also stored as data in global arrays.

HCP Health Care Provider

HEALTH CARE
PROVIDER
(HCP) The specific member of the health care team providing health services to the patient. Usually, this is a physician; however, the HCP may be a nurse practitioner, dentist, physical therapist; clinical dietitian, etc. HCP is not used in reference to nurses, who represent a

special category in themselves. An HCP is someone who has the authority to construct patient orders for entry into the system.

HEALTH
RECORD

Outpatient medical record.

HOLD
SCREEN

See Basic CHCS Control Keys.

HOME

The device name used to specify output to the screen.

HOSPITAL
LOCATIONS

All clinics, wards, etc. within a facility.

IA

Implementation Assistance

ID

Identification

IMPLEMENTATION
ASSISTANCE

Provides assistance or workcenter support to end-user in their work area when a functionality is activated on site.

IMPLEMENTATION
SPECIALIST

An employee of SAIC who travels to CHCS sites to train users, assist with file building/maintenance, and implement new and upgrade software.

INITIALIZATION
(INIT)

The act of starting up a system.

IOC-R

Initial Operating Capability - Replacement

IP

Inpatient

IS

Implementation Specialist

IT

See Image Tracking (RAD)

JAG

Judge Advocate General

JCAHO

Joint Commission on Accreditation of Healthcare Organizations

JOHN
(JANE)
DOE

A male (female) patient whose identity is unknown.

JUDGE ADVOCATE GENERAL	The legal governing body for the military services.
KEYBOARD	A typewriter-like instrument used to enter information to be sent to the computer.
KEYBOARD SET-UP SCREEN	The VT320 screen used to set up the keyboard characteristics, such as keyclick and bells. To access screen, hit the "F-3" key.
KEYBOARD VIDEO DISPLAY	A terminal complex that includes a keyboard and a video
(KVDT)	Terminal display. (See also CRT.)
(LAYGO) LEARN AS YOU GO	The process of adding records to a file through data entry into other file(s). When a field is defined as a pointer, the creator indicates whether the user is allowed to enter new data into the pointed to file. Without LAYGO the user must select from existing entries in the pointed to file. With LAYGO the user may enter new records into the pointed-to file. (See FIELD.)
LOGIN	The time the process was logged in.
LOG-ON	The user process to gain access to the CHCS system and begin a CHCS session.
LOG-OFF	<p>The user process to end a CHCS session. There are three log-off choices available:</p> <p>Halt: Allows the user to log-off from any menu prompt.</p> <p>Restart: Allows the user to return directly to the ACCESS CODE prompt.</p> <p>Continue: Allows the user to end the session with the system remembering the user's location in the system. Allows the user to directly return to that system location when logging on again.</p>
MAIL BASKET	Electronic file folder where the user can save MAILMAN mail messages. All MAILMAN messages are received in the IN mail basket.

SAIC/CHCS Doc. TC-4.4-0579
18 Sep 1995

MAIL MANAGER	The on-line electronic mail system of CHCS.
MAILMAN	Mail Manager
MASS CASUALTY (MASCAL)	A situation that has caused a large number of casualties.
MEDICAL RECORD	The physical record of a patient's care containing printed (paper) copies of the documents detailing the patient's treatment in either inpatient or outpatient settings.
MEDICAL RECORD TRACKING	A subsystem of CHCS which functions as a tracking system for all types of patient medical records. System provides barcode printing capability, reporting, and movement history.
MEDICAL TREATMENT FACILITY (MTF)	A military hospital and its outlying affiliated workcenters. Also called Facility.
MENU	<p>A list of options (choices) presented by the software that represents a decision point in the running of the program. The menus available to individual users are determined when the CHCS system manager sets up the User Record.</p> <p>Secondary Menu: A list of system options available when you enter ??.</p> <p>CHCS Orientation Menu: A special menu designed to support orientation classes.</p>
MENUMAN	Menu Manager
MEPRS	Medical Expense and Performance Reporting System. See UCA.
MEPRS CODE	An alpha character code from 1 to 4 characters used for workload accounting purposes. The code matches the requesting location. Also referred to as the UCA code.
MESSAGE	a. Short for system message. It means information supplied by the system in response to user input. For example, ** END of REPORT**.

b. When used with MAILMAN, message means an electronic note that has been transmitted.

MILDEP Military Department; i.e., Army, Navy, Air Force, Marine Corps. Used also to refer to the service POC at CHCS-PO.

MINI-
REGISTRATION An abbreviated patient registration function. A series of screens used to create or update a basic patient record.

MRT See Medical Record Tracking

MSA See Medical Services Accounting

MTF Medical Treatment Facility

MUMPS Massachusetts General Hospital Utility Multi-Programming System.

MTF-SPECIFIED/
DEFINED A parameter specified at the division level in a multidivisional MTF or at the MTF level if there is only a single division. This neither requires nor precludes that there be a specification at both the MTF and division level.

MTF-SPECIFIED
TIME PERIOD A period of time determined by each MTF that may be modified periodically.

MULTIPLE
FIELD Often simply called a multiple, it is a field that can have more than one unique value. In effect, a multiple is a mini-record within a record. An indicator of a multiple is the SELECT prompt.

N a. No
b. Variable number.

NOW A word used in computed expressions that relate to date and time data fields. It is interpreted as the current date and time of day.

OCONUS Outside the Continental United States

ONLINE USERS
MANUAL The OLUM consists of the user instructions for the CHCS Basic System, MailMan, Ad Hoc reporting options of FILEMAN, and each subsystem. Each subsystem volume provides the menu hierarchy, functional description for each option,

step-by-step user instructions, and samples of screens and reports.

- a. Enter OLUM at the Secondary Menu or any menu/option selection prompt to get to the OLUM menu.
- b. Enter ?OPTION NAME at menu/option selection prompt (only where the menu/option is displayed) to go directly to the option description in the OLUM.
- c. Enter ??? after enter/edit prompt within any option to go directly to the option description in the OLUM.

OP Outpatient

OPTION One of a list of processes on a menu that allows the user to access data in a file or to access another menu.

ORDER A request for procedure, service or item to be performed or delivered.

OVERBOOK To book more patients in a schedule slot than was allocated when the schedule was created. An overbooked schedule slot has more booked patients than the maximum number of patients per slot set for the slot when the schedule was created.

PAD Patient Administration Subsystem of CHCS

PAD MSA PAD Medical Services Accounting Subsystem of CHCS

PAS Patient Appointment and Scheduling Subsystem of CHCS

PATIENT
ADMINISTRATION
SUBSYSTEM AND
MEDICAL SERVICES
ACCOUNTING
(PAD/MSA)

The PAD Subsystem facilitates the collection and recording of patient information regarding the Admission, Disposition, and Transfer (ADT) of patients. This subsystem also manages ward and bed status within the MTF. A component of the PAD Subsystem, MSA focuses on the initiation and monitoring of patient billing.

PATIENT
APPOINTMENT
AND SCHEDULING
OF CHCS (PAS) This subsystem enables individual clinics or
providers to control their own scheduling,
booking, and appointments, and alerts other system
users to potentially conflicting schedules.

PATCAT Patient Category Code

PATIENT
CATEGORY
CODE Patient Category codes indicate patient type
(i.e., Active Duty Enlisted Air Force, Civilian
Employee, Naval Officer's Dependent).

PATIENT
IDENTIFYING
DATA Patient name, family member prefix/social security
number (FMP/SSN), date of birth (DOB), and sex.

PATIENT
INQUIRY The act of retrieving CHCS-stored data regarding a
selected patient.

PNT Patient

PRIMARY
MENU A user's initial or starting menu.

PRINTER Printer May be referred to as a printer device or
output device:

- a. Shared Printer: A printer that is available
to two or more terminals or output devices.
- b. Line Printer: A printer that prints a line
or more at a time. (Line printer speeds are
expressed in lines per second [LPS] and may
be over 100 lines per second.)
- c. Slave Printer: A printer attached directly
to a terminal and used to print from that
terminal only.

PRINT
TEMPLATE A set of field specifications that allow exact
print formats and specified data records to be
used when printing reports. This allows the use
of the same print logic again and again.

PRIVILEGE(S) The capabilities allowed within the DBMS based on
the level of protection specified for any process,
file, or user.

PROMPT	a. A system-generated request for response. b. A word or statement on the screen that tells the user what action needs to be taken or what information must be entered. For example, SELECT PATIENT NAME.
PROVIDER	See HCP.
PULL LIST	A list of all patients whose medical records must be pulled for a specified data.
QUESTION MARK (?) KEY	See Basic CHCS Control Keys.
RECORD	This term generally relates to a patient's medical records or radiology film jacket record.
RECORD REQUEST	The act of asking for a specific patient record. A record of this "asking" is made by the system, known as a Request. A record Request Notice or Label is generated, indicating the record, time needed and requestor, along with other pertinent information. This label also contains a barcode that can be 'wanded' such that the request is filled and charged to the requestor.
RECORD ROOM	Location of patient records.
RECORD TYPE	In Record Tracking, record types are defined and associated with a specific Record Tracking application. For example, an Outpatient record type is associated with the MRT application, and a Chest record type is associated with the Image Tracking application.
REGISTER NUMBER	<p>An identifier assigned by the MTF that uniquely identifies each inpatient episode of treatment (e.g., a patient admitted to a hospital three different times will have a separate register number for each admission). The patient's record and test results for each episode are identifiable using this number.</p> <p>Registration must be accomplished on all patients, inpatient and outpatient, before CHCS can support any care or services rendered. A REGISTER NUMBER is assigned to a patient at the time of hospital admission, independent of and subsequent to the REGISTRATION process, which may have occurred months or even years previously.</p>

REGISTRATION	A registration must be completed on all patients, whether inpatient or outpatient, before CHCS can support any care or services rendered.
RETURN KEY (<CR>)	See Basic CHCS Control Keys.
SAIC	Science Applications International Corporation
SCREEN	<ul style="list-style-type: none">a. The part of the Visual Display Terminal (VDT) that presents information sent from the computer or information typed on the keyboard.b. This term is also used to describe a single display of information that takes up the whole screen.
SCREENMAN	Screen Manager
SCREEN MODE	System-generated prompts and displayed on the screen. (See Scroll Mode.)
SCROLL MODE	The system's request for information, presented one prompt at a time. The bottom line on the screen is replaced with new information. The user moves between prompts using <CR>, or the up/down arrow keys. (See Screen Mode.)
SEARCH	The process of locating an unknown number of records, in one file, based on one or more criteria.
SEARCH CONDITIONS	<p>Criteria specified as part of a search that are used to test each data record in a file.</p> <p>Contains: Used to locate data with specific strings embedded. Abbreviated with [or C.</p> <p>Equals: Used to locate data that equals the exact value of the specified condition. Abbreviated with = or E.</p> <p>Greater Than: Used to locate data greater than the value of the specified condition. Abbreviated with > or G.</p> <p>Less Than: Used to locate data less than the value of the specified condition. Abbreviated with < or L.</p>

	Matches: Used on Numeric, Free-text, Pointer, and Set of Codes fields to locate patterns in strings of data. Abbreviated with an M.
	Null: Used to determine fields that contain no entries. No value can be placed on the NULL condition. Abbreviated with an N.
SEARCH LOGIC	Expressions that define the parameters of the search. Valid logic parameters are: AND: The system extracts a data record when all stated search conditions have been met. NOT: The system extracts a data record when none of the specified search conditions are met. OR: The system extracts a data record when any of the combined search conditions are met.
SECURITY KEY	A code that relates to the ability to use a certain process. Security keys are already defined in the system. The system manager assigns security keys to users as appropriate for their use of CHCS. The naming convention and strategy for the use of these keys is site specific.
SELECT KEY	See Basic CHCS Control Keys.
SERVICE	A clinical specialty within an MTF.
SHIFT AND (SHIFT)	
LOCK KEYS	See Basic CHCS Control Keys.
<SPACEBAR>	See Basic CHCS Control Keys.
<SPACEBAR> <CR>	See Basic CHCS Control Keys.
SPONSOR	Person that qualifies the patient for health care; e.g., active duty father is the sponsor of the dependent patient daughter.
SSN	Social Security Number
STAT	From Latin "statim" meaning "at once," this instruction means to carry out a request immediately.
SWITCH DIVISIONS	The user process to switch to an alternate division from the default division, or back to the default division from an alternate. See Menu.

SYSTEM MANAGER	Used generically to describe functions that must be accomplished to support CHCS initialization and operation at each site where CHCS is installed. Functions include data base administration, system security management, installation management, and telecommunications management.
T	<ul style="list-style-type: none">a. In the context of a data value that is expected to refer to a date, FILEMAN interprets the letter "T" to mean the date of the current day (i.e., Today).b. Temperature.
TABLE	A list of available choices. A table displays when ?? is entered at a field that has a table connected to it. A table cannot be appended from the field, but must be set up through the appropriate menu options or through FILEMAN.
TDB	Training Data Base
TBD	To Be Determined
TEMPLATE	<ul style="list-style-type: none">a. A predefined structure that controls a data entry dialogue, a printed report format, a sort sequence of an output, or a series of search conditions. Templates may be used repeatedly by entering the assigned name in brackets ([]) at the appropriate prompt.b. In PAS, an array of schedule slots governed by the rules entered in the profiles. Templates are linked to specific providers, but not to any particular date range.
TERMINAL	A device used to enter and send information to the computer. The keyboard and screen are terminal components.
TERMINAL DIGIT	This is the last two digits of the sponsor's SSN, starting at 00 and ending with 99.
TRAINING AID	In training documentation, training aids are supplemental information used during instruction to enhance lesson content.

TRAINING SOFTWARE	The software that enables the user to become proficient in the use of the CHCS system or subsystems.
TRIGGER	Collateral actions occurring automatically, without informing the user or requiring user participation. For example, the actions might alter other fields in the current file being edited or cause the creation or modification of an entry in another file. These processes are referred to as trigger events.
TROOP MEDICAL CLINIC (TMC)	The Army term for an outpatient clinic designated for active duty walk-in or sick call patients.
TYPE-AHEAD	A setting in the User file that allows the user to type ahead of what the computer is actually reading. The computer stores the keystrokes and reads them at its own pace.
UCA	Uniform Chart of Accounts (now MEPRS)
UNIFORM CHART OF ACCOUNTS (UCA)	An alpha character code using 1 to 4 characters for workload accounting purposes; the code matches the requesting location. AAAA is, for example, inpatient internal medicine. BAAA is the same code for outpatient services. Now officially MEPRS code, but frequently still referred to as UCA.
UPDATE	The addition, deletion or modification of existing data.
USER	A person authorized by the MTF to initiate a process in CHCS via a terminal. User authorization will be determined through the VMS and CHCS system security functions.
USERNAME/ PASSWORD	User security checking at the VMS level. Codes provide user access to VMS files.
USER SECURITY	A series of codes that serves to protect the system from unauthorized users. These codes are checked when a user is accessing the system. Username and Access/Verify codes are the two levels of security checking.

Access Code: This code, together with the verify code, is used in the log-in process to identify a legitimate user and gain access to CHCS. The code is site-specific and established by the CHCS system manager. It usually cannot be changed by the individual user.

Username: The first level of security checking and the first code entered into CHCS at log-on.

Verify Code: This code, together with the access code, is used in the log-on process to identify a legitimate user and gain access to CHCS. The code is established by the CHCS system manager at the MTF and may be changed by the individual user from the Edit User Characteristics option of the Secondary Menu. The code does not show on the screen when entered.

USERS MANUAL Volume 1: Basic System, provides the user with a variety of information about the basic system.

The Users Manual volumes for each subsystem provide information addressed primarily to the users of a particular subsystem.

Volume 2: PAD
Volume 3: PAD MSA
Volume 4: PAS
Volume 5: LAB
Volume 6: RAD
Volume 7: PHR
Volume 8: NRS
Volume 9: DTS
Volume 10: FQA

VIRTUAL MEMORY
SYSTEM (VMS) The operating system that runs the VAX computer. It manages the memory of the compute in such a way that the memory appears to be virtually unlimited to the average user.

VMS Virtual Memory System

WARD A defined hospital area that contains a designated number of patient beds. It often corresponds to a medical specialty area such as Orthopedics (e.g., Orthopedics Ward).

WCS Workcenter Support (now known as Implementation Assistance)

WORKCENTER A functional or organizational subdivision of an MTF for which provision is made to accumulate and

measure expenses and to determine workload performance. Designation of a workcenter will vary from facility to facility depending upon the MTFs organizational structure. CHCS workcenters include clinics used in PAS, pharmacies, labs, and radiology imaging locations.

VT320

TERMINAL

The CHCS terminal used in most workstation configurations.

Y

Yes

Y/N

Yes/No

APPENDIX E:

PRINT TEMPLATES

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has been left blank
intentionally.

Sample Output:

BORROWERS-FILE AREAS LIST
NUMBER NAME LOCATION/ROOM# PHONE # 21 Jun 1990@1425 PAGE 1
RECORD TYPE/NEEDED/CREATED BORR.PRIV. SYNONYM

1	MEDICAL RECORDS FILE ROOM	ROOM# 271	4567	NORMAL	MEDICAL RECORDS FILE ROOM OPREC MRFR
2	CARDIOLOGY CLINIC OUTPATIENT OCC HEALTH	A-2434	535-2964	NORMAL	OUTPATIENT RECORDS CARDIOLOGY CLINIC
3	AIKEN,DENNIS	GASTROENTEROLOG		NORMAL	AIKEN,DENNIS ACARDI

ADDITIONAL MEDICAL TREATMENT FACILITIES

Use Print File Entries option from PAD --> ORM --> FOUT -->Print

Output from what file: ADDITIONAL MEDICAL TREATMENT FACILITY//
(18 entries)

Sort by: FACILITY CODE//

Start with FACILITY CODE: FIRST//

First Print FIELD: FACILITY CODE;C1;L4;S;"Code"

Then Print FIELD: NAME;C6;L23;"Facility"

Then Print FIELD: ADDRESS:";C1;S

Then Print FIELD: "STREET ADD 1: "_STREET ADDRESS 1;C1

Then Print FIELD: "STREET ADD 2: "_STREET ADDRESS 2;C1

Then Print FIELD: "CITY: "_CITY;C1

Then Print FIELD: "STATE: "_STATE;C1

Then Print FIELD: "ZIP CODE: "_ZIP CODE;C1

Store Print Logic in Template: GS RT ADDITIONAL MTF LIST
DEVICE: (ANY 80 COLUMN PRINTER)

Sample Output:

ADDITIONAL MEDICAL TREATMENT FACILITY LIST 21 Jun 1990@1425

Code Facility

100 UCSD MEDICAL CENTER

ADDRESS:

STREET ADD 1: 999 MOCKINGBIRD LANE

STREET ADD 2: SUITE 2200

CITY: MUNSTER

STATE: TX

ZIP CODE: 00080

200 MERCY HOSPITAL

ADDRESS:

STREET ADD 1: 1307 CRANBROOK CIRCLE

STREET ADD 2:

CITY: AUSTELL

STATE: GA

ZIP CODE: 43804

LABEL FORMATS

Use Print File Entries option from PAD --> ORM --> FOUT -->Print

Output from what file: LABEL FORMAT// (18 entries)

Sort by: NAME// APPLICATION;@

START WITH APPLICATION: FIRST// MED

GO TO APPLICATION: LAST// MEDZ

Within APPLICATION, sort by:

FIRST PRINT FIELD: NAME;S

THEN PRINT FIELD: APPLICATION

THEN PRINT FIELD: NUMBER OF ROWS IN FORMAT;"# ROWS"

THEN PRINT FIELD: NUMBER OF LABELS;"# LABELS"

THEN PRINT FIELD: PRINT FIELDS (multiple)

THEN PRINT PRINT FIELDS SUB-FIELD: FIELD;C2

THEN PRINT PRINT FIELDS SUB-FIELD: ROW;C34

THEN PRINT PRINT FIELDS SUB-FIELD: COLUMN;C40

THEN PRINT PRINT FIELDS SUB-FIELD: TITLE(OPTIONAL);C50

THEN PRINT PRINT FIELDS SUB-FIELD: LITERAL TEXT;C70;L40

THEN PRINT PRINT FIELDS SUB-FIELD: SIZE;C115;"SIZE"

THEN PRINT PRINT FIELDS SUB-FIELD: BARCODE;C120

THEN PRINT PRINT FIELDS SUB-FIELD:

THEN PRINT FIELD:

HEADING: LABEL FORMAT LIST//

Store Print logic in Template: GS RT LABEL FORMAT

DEVICE: (ANY 132 COLUMN PRINTER)

Sample Output: (do not use as a guide for building the borrower label!)

LABEL FORMAT LIST				21 Jun 1990@1425		PAGE 1	
NAME	APPLICATION			#	#		
FIELD	ROW	COL	TITLE(OPTIONAL)	Rows	Labels	LITERAL TEXT	SIZE BARCODE
BORROWER STANDARD				12	1		
FREE TEXT	1	5		----	STANDARD BORROWER LABEL	----	2
NAME	2	1	Name:		Name:		3
BORROWER'S PHONE	6	1	Phone:		Phone:		2
BORROWER'S LOCATION	4	1	Borr.Loc:		Borr.Loc:		2
MTF	8	1	MTF:				2
BARCODE FOR BORROWER							3 YES
CURRENT BORROWER/LOCATION	5	1	Charged To:		Charged To:		1
CURRENT ROOM #	6	1	Curr Rm# :		Curr Rm# :		1

RECORD TRACKING APPLICATION

Use Print File Entries option from PAD --> ORM --> FOUT -->Print

Output from what file: RECORD TRACKING APPLICATION// (2 entries)
Sort by: APPLICATION//
START WITH APPLICATION: FIRST// MED
GO TO APPLICATION: LAST// MEDZ
FIRST PRINT FIELD: "APPLICATION: "_APPLICATION;C1;X
THEN PRINT FIELD: "SERVICE: "_SERVICE;C1;X
THEN PRINT FIELD: "SYNONYMS: ";C1
THEN PRINT FIELD: SYNONYMS (multiple)
 THEN PRINT SYNONYMS SUB-FIELD: SYNONYMS;C13;X;M;M;M;M;m
 THEN PRINT SYNONYMS SUB-FIELD:
THEN PRINT FIELD: CENTER("*** DIVISION PARAMETERS ***");X;S
THEN PRINT FIELD: DIVISION (multiple)
 THEN PRINT DIVISION SUB-FIELD: "DIVISION: ";C1;S
 THEN PRINT DIVISION SUB-FIELD: DIVISION;X
 THEN PRINT DIVISION SUB-FIELD: "CENTRAL FILE AREA: "_CENTRAL
FILE AREA;C2;X
 THEN PRINT DIVISION SUB-FIELD: "DEFAULT PULL LIST SORT:
"_DEFAULT PULL LIST
 THEN PRINT DIVISION SUB-FIELD: "FOLDER PULL METHOD: "_FOLDER
PULL METHOD;C2;X
 THEN PRINT DIVISION SUB-FIELD: "PRINT PULL NOTICE: "_PRINT PULL
NOTICE;C2;X
 THEN PRINT DIVISION SUB-FIELD: TYPE OF RECORDS (multiple)
 THEN PRINT TYPE OF RECORDS SUB-FIELD: "TYPE OF RECORD: "_TYPE
OF RECORD;C2;S
 THEN PRINT TYPE OF RECORDS SUB-FIELD: "DEFAULT HOME LOCATION:
"_DEFAULT HOME LOCATION;C2;X
 THEN PRINT TYPE OF RECORDS SUB-FIELD: "DEFAULT INITIAL
BORROWER: "_DEFAULT INITIAL BORROWER;C2;X
 THEN PRINT TYPE OF RECORDS SUB-FIELD: "CHARGE TAG FORMAT:
"_CHARGE TAG FORMAT;C2;X
 THEN PRINT TYPE OF RECORDS SUB-FIELD: "ROUTING TAG FORMAT:
"_ROUTING TAG FORMAT;C2;X
 THEN PRINT TYPE OF RECORDS SUB-FIELD:
 THEN PRINT DIVISION SUB-FIELD:
THEN PRINT FIELD: CENTER("*** MISCELLANEOUS PARAMETERS ***");X;S
THEN PRINT FIELD: "PROFILE/REPORT HEADER: "_PROFILE/REPORT
HEADER;C1;X;S
THEN PRINT FIELD: "ENTITY SELECT PROMPT: "_ENTITY SELECT
PROMPT;C1;X
THEN PRINT FIELD: "ENTITY DISPLAY HEADER: "_ENTITY DISPLAY
HEADER;C1;X
THEN PRINT FIELD: "RECORD PROMPT: "_RECORD PROMPT;C1;X
THEN PRINT FIELD: "DEFAULT RECORD CREATION TYPE: "_DEFAULT RECORD
CREATION TYPE;C1;X
THEN PRINT FIELD: "BORROWER BARCODE FORMAT: "_BORROWER BARCODE
FORMAT;C1;X
THEN PRINT FIELD: "FILE ROOM SUPERVISOR KEY: "_FILE ROOM
SUPERVISOR KEY;C1;X;S

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THEN PRINT FIELD: "FILE ROOM STAFF KEY: "_FILE ROOM STAFF
KEY;C1;X
THEN PRINT FIELD: "DELETED RECORD MAIL GROUP: "_DELETED RECORD
MAIL GROUP;C1;X;S
THEN PRINT FIELD: "MISSING RECORD MAIL GROUP: "_MISSING RECORD
MAIL GROUP;C1;X
THEN PRINT FIELD: CENTER("*** BORROWER PARAMETERS ***");X;S
THEN PRINT FIELD: BORROWER FILE PARAMETERS (multiple)
  THEN PRINT BORROWER FILE PARAMETERS SUB-FIELD: "BORROWER:
";C1;S
  THEN PRINT BORROWER FILE PARAMETERS SUB-FIELD: BORROWER FILE;X
  THEN PRINT BORROWER FILE PARAMETERS SUB-FIELD: "ASK
PHONE/ROOM?: "_ASK PHONE/ROOM?;C1;X
  THEN PRINT BORROWER FILE PARAMETERS SUB-FIELD: "ASK FOR
ASSOCIATED BORROWER"_ASK FOR ASSOCIATED BORROWER;C1;X
  THEN PRINT BORROWER FILE PARAMETERS SUB-FIELD: "SHOW CHARGED
RECORDS?: "_SHOW CHARGED RECORDS;C1;X
  THEN PRINT BORROWER FILE PARAMETERS SUB-FIELD:
THEN PRINT FIELD:
HEADING: RECORD TRACKING APPLICATION LIST
Store Print logic in Template: GS RT APPLICATION PRINT
DEVICE: (ANY 80 COLUMN PRINTER)
```

Sample Output:

RECORD TRACKING APPLICATION LIST

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APPLICATION: MEDICAL RECORDS TRACKING
SERVICE:
SYNONYMS: MAS
 MRT

*** DIVISION PARAMETERS ***

DIVISION: IRELAND ACH, KY
CENTRAL FILE AREA: OUTPATIENT RECORD FILE
DEFAULT PULL LIST SORT: CLINIC NAME THEN TERMINAL DIGITS
FOLDER PULL METHOD:
PRINT PULL NOTICE:

TYPE OF RECORD: OUTPATIENT
DEFAULT HOME LOCATION: OUTPATIENT RECORD FILE
DEFAULT INITIAL BORROWER: OUTPATIENT RECORD FILE
CHARGE TAG FORMAT: CHARGE OUT/ROUTING CARD
ROUTING TAG FORMAT: CHARGE OUT/ROUTING CARD

*** MISCELLANEOUS PARAMETERS ***

PROFILE/REPORT HEADER: MEDICAL RECORD REPORTS
ENTITY SELECT PROMPT: Select Patient:
ENTITY DISPLAY HEADER: Patient Name:
RECORD PROMPT: Record

DEFAULT RECORD CREATION TYPE: OUTPATIENT
BORROWER BARCODE FORMAT: IACH BORROWER STANDARD

FILE ROOM SUPERVISOR KEY: RT MRT-FR-SUPER
FILE ROOM STAFF KEY: RT MRT-FR-STAFF

DELETED RECORD MAIL GROUP: MRT DELETE
MISSING RECORD MAIL GROUP: MRT MISSING

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*** BORROWER PARAMETERS ***

BORROWER: PROVIDER
ASK PHONE/ROOM?:
ASK FOR ASSOCIATED BORROWER?: NO
SHOW CHARGED RECORDS?: YES

BORROWER: MEDICAL CENTER DIVISION
ASK PHONE/ROOM?:
ASK FOR ASSOCIATED BORROWER?: YES
SHOW CHARGED RECORDS?: YES

BORROWER: HOSPITAL LOCATION
ASK PHONE/ROOM?:
ASK FOR ASSOCIATED BORROWER?: NO
SHOW CHARGED RECORDS?: YES

BORROWER: MEDICAL TREATMENT FACILITY
ASK PHONE/ROOM?:
ASK FOR ASSOCIATED BORROWER?: YES
SHOW CHARGED RECORDS?: YES

BORROWER: NON DOD MEDICAL TREATMENT FACILITY
ASK PHONE/ROOM?:
ASK FOR ASSOCIATED BORROWER?: YES
SHOW CHARGED RECORDS?: YES

RECORD TYPES

Use Print File Entries option from PAD --> ORM --> FOUT -->Print

Output from what file: RECORD TYPES// (4 entries)
Sort by: NAME// APPLICATION
START WITH APPLICATION: FIRST//MEDICAL RECORDS TRACKING
GO TO APPLICATION: LAST// MEDICAL RECORDS TRACKING
FIRST PRINT FIELD: "NAME: ";C1;S
THEN PRINT FIELD: NAME;X
THEN PRINT FIELD: "ABBREVIATION: "_ABBREVIATION;C1;X
THEN PRINT FIELD: "CAN RECORD BE REQUESTED?"_CAN RECORD BE
REQUESTED?;C1;X
THEN PRINT FIELD: "IS RECORD TEMPORARY?: "_IS RECORD
TEMPORARY?;C1;X
THEN PRINT FIELD: "ASK FOR CONTENT DESCRIPTOR?: "_ASK FOR CONTENT
DESCRIPTOR?;C1;X
THEN PRINT FIELD: "MASTER FOLDER: "_MASTER FOLDER;C1;X
THEN PRINT FIELD: "MULTIPLE VOLUMES ALLOWED?: "_MULTIPLE VOLUMES
ALLOWED?;C1;X
THEN PRINT FIELD: "DESCRIPTION: "_DESCRIPTION;C1;X
THEN PRINT FIELD: "INQUIRY DISPLAY ORDER: "_INQUIRY DISPLAY
ORDER;C1;X;S
THEN PRINT FIELD: "INACTIVATION DATE: "_INACTIVATION
DATE;C1;X;S;L18
THEN PRINT FIELD: "RECORD LABEL FORMAT: "_RECORD LABEL
FORMAT;C1;X;S
THEN PRINT FIELD: "REQUEST NOTICE FORMAT: "_REQUEST NOTICE
FORMAT;C1;X
THEN PRINT FIELD: "PENDING REQUEST CUTOFF (days): "_PENDING
REQUEST CUTOFF;C1;X
THEN PRINT FIELD: "OVERDUE RECORD CUTOFF (days): "_OVERDUE RECORD
CUTOFF (days);C1;X
THEN PRINT FIELD: "CURRENT BORR REQUEST TIME (MINUTES): "_CURRENT
BORR REQUEST TIME MIN;C1;X
THEN PRINT FIELD: "# PREVIOUS MOVEMENTS TO RETAIN: "_# PREVIOUS
MOVEMENTS TO RETAIN;C1;X
THEN PRINT FIELD: "REQUEST PURGE CUTOFF (days): "_REQUEST PURGE
CUTOFF (days),C1;X
THEN PRINT FIELD: "OK TO PURGE DATA?: "_OK TO PURGE DATA?;C1;X
THEN PRINT FIELD: "CONTROL OF FINDING RECORDS: "_CONTROL OF
FINDING RECORDS;C1;S
THEN PRINT FIELD: "LINKED RECORDS: ";C1;S
THEN PRINT FIELD: LINKED RECORDS (multiple)
 THEN PRINT LINKED RECORDS SUB-FIELD: LINKED RECORDS;C18;X
 THEN PRINT LINKED RECORDS SUB-FIELD:

```
THEN PRINT FIELD: "ALLOWABLE FILE ROOMS: ";C1;S
THEN PRINT FIELD: ALLOWABLE FILE ROOMS (multiple)
  THEN PRINT ALLOWABLE FILE ROOMS SUB-FIELD: FILE ROOM;C24;X
  THEN PRINT ALLOWABLE FILE ROOMS SUB-FIELD:
THEN PRINT FIELD: DUP("=",IOM);C1;X
THEN PRINT FIELD:
HEADING: RECORD TYPES LIST//
Store Print logic in Template: GS RT RECORD TYPES
DEVICE: (ANY 80 COLUMN PRINTER)
```

Sample Output:

RECORD TYPES LIST 26 Apr 1991@1313M PAGE 1

NAME: INPATIENT
ABBREVIATION: INP
CAN RECORD BE REQUESTED?YES
IS RECORD TEMPORARY?: NO
ASK FOR CONTENT DESCRIPTOR?: NO
MASTER FOLDER:
MULTIPLE VOLUMES ALLOWED?: YES
DESCRIPTION: Inpatient Record Type

INQUIRY DISPLAY ORDER: 2

INACTIVATION DATE:

RECORD LABEL FORMAT: INPATIENT STD RECORD LABEL
REQUEST NOTICE FORMAT: CHART REQUEST NOTICE
PENDING REQUEST CUTOFF (DAYS): 3
OVERDUE RECORD CUTOFF (DAYS): 3
CURRENT BORROWER FUTURE REQUEST TIME MINIMUM (MINUTES):
PREVIOUS MOVEMENTS TO RETAIN: 10
REQUEST PURGE CUTOFF (DAYS): 10
OK TO PURGE DATA?: YES

CONTROL OF FINDING RECORDS: ANY USER

LINKED RECORDS:

ALLOWABLE FILE ROOMS: INPATIENT RECORD ROOM
MRAB

=====

NAME: OUTPATIENT
ABBREVIATION: OUT
CAN RECORD BE REQUESTED? YES
IS RECORD TEMPORARY?: NO
ASK FOR CONTENT DESCRIPTOR?: NO
MASTER FOLDER:
MULTIPLE VOLUMES ALLOWED?: YES
DESCRIPTION: Outpatient Record Type

INQUIRY DISPLAY ORDER: 1

INACTIVATION DATE:

RECORD LABEL FORMAT: OUTPATIENT STANDARD LABEL
REQUEST NOTICE FORMAT: CHART REQUEST NOTICE
PENDING REQUEST CUTOFF (DAYS): 3
OVERDUE RECORD CUTOFF (DAYS): 3
CURRENT BORROWER FUTURE REQUEST TIME MINIMUM (MINUTES):
PREVIOUS MOVEMENTS TO RETAIN: 10
REQUEST PURGE CUTOFF (DAYS): 10
OK TO PURGE DATA?: YES

CONTROL OF FINDING RECORDS: ANY USER

LINKED RECORDS:

ALLOWABLE FILE ROOMS: OUTPATIENT RECORD FILE
OPRB
TMC1 FILE ROOM
TMC2 FILE ROOM
TMC3 FILE ROOM
TMC4 FILE ROOM

RECORD TRACKING SYSTEM PARAMETERS

Use Print File Entries option from PAD --> ORM --> FOUT -->Print

```
Output from what file: RECORD TRACKING SYSTEM PARA//(lentry)
Sort by: NAME//
START WITH NAME: FIRST//
FIRST PRINT FIELD: CENTER("*** PARAMETERS FOR ALL APPLICATIONS
***");X
THEN PRINT FIELD: "QUEUE THRESHOLD: "_QUEUE THRESHOLD;C1;X;S
THEN PRINT FIELD: "OPERATING CONDITIONS: "_OPERATING
CONDITIONS;C1;X
THEN PRINT FIELD: "NULL QUEUING DEVICE: "_NULL QUEUING
DEVICE;C1;X
THEN PRINT FIELD: "OK TO PURGE PULL LISTS?: "_OK TO PURGE PULL
LISTS?;C1;X
THEN PRINT FIELD: "DAYS TO RETAIN PULL LISTS?: "_DAYS TO RETAIN
PULL LISTS;C5;X
THEN PRINT FIELD: "OK TO PURGE REQUESTS?: "_OK TO PURGE
REQUESTS?;C1;X
THEN PRINT FIELD: "OK TO PURGE MOVEMENT LOGS?: "_OK TO PURGE
MOVEMENT LOGS?;C1;X
THEN PRINT FIELD: "OK TO PURGE BATCHES?: "_OK TO PURGE
BATCHES?;C1;X
THEN PRINT FIELD: "DAYS TO RETAIN BATCH LISTS: "_DAYS TO RETAIN
BATCH LISTS;C5;X
THEN PRINT FIELD: CENTER("*** MRT PARAMETERS ***");S;X
THEN PRINT FIELD: "INPATIENT RECORD TYPE: "_INPATIENT RECORD
TYPE;C1;S;X
THEN PRINT FIELD: "OUTPATIENT RECORD TYPE: "_OUTPATIENT RECORD
TYPE;C1;X
THEN PRINT FIELD: "MRT INTERFACE STATUS: "_MRT INTERFACE
STATUS;C1;X
THEN PRINT FIELD: CENTER("*** IMAGE TRACKING PARAMETERS ***");S;X
THEN PRINT FIELD: "RECORD TYPE FOR MASTER JACKET: "_RECORD TYPE
FOR MASTER JACKET;C1;X
THEN PRINT FIELD: "RADIOLOGY INTERFACE STATUS: "_RADIOLOGY
INTERFACE STATUS;C1;X
THEN PRINT FIELD:
HEADING: RECORD TRACKING SYSTEM PARAMETERS LIST
Store Print logic in Template: GS RT OVERALL PARAMETERS
DEVICE: (ANY 80 COLUMN PRINTER)
```

Sample Output:

RECORD TRACKING SYSTEM PARA LIST 26 Apr 1991@1314 PAGE 1

NAME: OVERALL PARAMETERS

*** PARAMETERS FOR ALL APPLICATIONS ***

QUEUE THRESHOLD: 5
OPERATING CONDITIONS: NORMAL
NULL QUEUING DEVICE:
OK TO PURGE PULL LISTS?: YES
DAYS TO RETAIN PULL LISTS?: 5
OK TO PURGE REQUESTS?: YES
OK TO PURGE MOVEMENT LOGS?: YES
OK TO PURGE BATCHES?: YES

DAYS TO RETAIN BATCH LISTS: 10

*** MRT PARAMETERS **

INPATIENT RECORD TYPE: INPATIENT
OUTPATIENT RECORD TYPE: OUTPATIENT
MRT INTERFACE STATUS: UP

*** IMAGE TRACKING PARAMETERS ***

RECORD TYPE FOR MASTER JACKET: MASTER FOLDER

REASONS

Use Print File Entries option from PAD --> ORM --> FOUT -->Print

OUTPUT FROM WHAT FILE: REASONS

Sort By: NAME// APPLICATION

Start with APPLICATION: FIRST//MEDICAL RECORDS TRACKING

Go to APPLICATION: LAST// MEDICAL RECORDS TRACKING

First Print FIELD: NAME;C1;"REASON"

Then Print FIELD: TYPE OF REASON;C35;"Type"

Then Print FIELD: DESCRIPTION;C50

Sample Output:

REASONS LIST	21 Jun 1990@1425	Page 1
REASON	Type	Description

ANONYMOUSLY RETURNED	MISSING RECORD	RETURNED ANONYMOUSLY
CANCELLED APPT	CANCEL REQUEST	
CHARGED TO WRONG BORRO	MISSING RECORD	
NOT NEEDED	GENERAL	

RT FILEROOM SPECIFIC LOCATIONS

Use Print File Entries option from PAD --> ORM --> FOUT -->Print

OUTPUT FROM WHAT FILE: RT FILEROOM SPECIFIC LOCATIONS

Sort by: NAME//

Start with NAME: FIRST//

First Print FIELD: NAME;C1

Then Print FIELD: LOCATION DESCRIPTION;C30;L20;W;"Description"

Then Print FIELD: HOSPITAL LOCATION;C55;L25;"Hosp Loc"

Store Print Logic in Template: GS RT FILEROOM SPEC LOC

DEVICE: (ANY 80 COLUMN PRINTER)

Sample Output:

RT FILEROOM SPECIFIC LOCATIONS FILE LIST 12 Jun 1990@1425
NAME

	Description	Hosp Loc
Analysis		INPATIENT RECORDS
Approval		INPATIENT RECORDS
TUMOR REGISTRY	Tumor registry board	

MOVEMENT TYPES

Use Print File Entries option from PAD --> ORM --> FOUT -->Print

OUTPUT FROM WHAT FILE: RECORD MOVEMENT TYPES
Sort by: NAME// APPLICATION
Start with APPLICATION: FIRST//MEDICAL RECORD
Go to APPLICATION: LAST//MEDZ
First Print FIELD: NAME;C1;"Movement Type";L25;S
Then Print FIELD: "Display Text: "_DISPLAY MESSAGE;C1
Then Print FIELD: "Include on Overdue Report?: "_INCLUDE ON
OVERDUE REPORT;C1
Then Print FIELD: "Allow Batch Processing?: "_ALLOW BATCH
PROCESSING?;C1
Store Print Logic in Template: GS RT MOVEMENT TYPES
DEVICE: (ANY 80 COLUMN PRINTER)

Sample Output:

RECORD MOVEMENT TYPES LIST

Movement Type

APPLICATION: MEDICAL RECORDS TRACKING

CHARGE-OUT

Display Text: Charged Out
Include on Overdue Report?: YES
Allow Batch Processing?:

CHECK-IN

Display Text: Checked-In
Include on Overdue Report?: NO
Allow Batch Processing?:

MOVE TO ANOTHER FILE AREA

Display Text: Move to Another File Area
Include on Overdue Report?: NO
Allow Batch Processing?: YES

APPENDIX F:

SAMPLE REPORTS

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has been left blank
intentionally.

Charged Records by Home Location Option

The Charged Record by Home Location option allows users to print reports for any record room within the system. The system creates a report sorted by borrower, name, or terminal digits. The report may be limited to records charged out of the record room, or it may include records currently checked into the home location. **NOTE:** When run to include records currently checked into records room **ALL** will print on the report. When the report is printed by borrower the records are listed in alphabetical order.

This report restricts the creation to record rooms in the user's current division. Within division, users have access to record rooms based on the security keys held by the user. The system will default to the users' current location upon entering this option.

HOME LOCATION: OUTPATIENT RECORD ROOM PORTSMOUTH//

The report will be modified to conform to the CHCS standard report header as shown below. The report follows:

NOTE: This report is in 132 character format.

Columns 1-70

PORTSMOUTH,VA Printed: 08 Jun 1994@1252 Page 1
RECORDS CHARGED BY HOME LOCATION
[Home Location: OUTPATIENT RECORD ROOM A] [Sorted by: BORROWER]
Personal Data - Privacy Act 1974 (PL-93-579)
for 8 June 94 - 8 June 94

Patient Name	FMP/SSN	Rec Type	Rec #	Borrower

Borrower: ALLERGY				
CAMPBELL,JAKE	02/800-59-0219	INP1	28	ALLERGY
Borrower subtotal: 1				
Borrower: RAHUNKAMP,RUTH				
ROBINSON,CLINTON	20/000-00-5004	INP1	21	RAHUNKAMP,RUTH
CAMPBELL,ANABELLE	20/800-59-0219	INP1	22	RAHUNKAMP,RUTH
Borrower subtotal: 2				

Total: 3

*** End of Report ***

Columns 71-132

Associated Borrower	Since... Days	Overdue
COOMBS, JACK	08Jun94@1516	5
NACHDIGAL, ROBERT	08Jun94@1517	5
CALLAHAN, EDWARD	08Jun94@1517	5

When the report is sorted by borrower, the secondary sort will now be by terminal digit. The ASSOCIATED BORROWER field will be added when this report is printed.

Loose Filing Report Option

The Loose Filing Report contains a list of all the records that have been marked as having loose filings (results which need filing). The system allows users to create the report for all of the record rooms in the system.

The creation of the Loose Filing Report is restricted to a single record room. The system will default to the record room the user is currently in.

The report creation is restricted to record rooms in the user's current division. Within division, users have access to record rooms based on the security keys they hold.

The report follows.

NOTE: This is a 132-column report. For the purpose of this IUG, the report is broken at column 70 and presented in two sections.

Columns 1-70

PORTSMOUTH, VA Printed: 08 Jun 1994@1252 Page 1
LOOSE FILING LIST
[Home Location: INPATIENT RECORD ROOM][Sorted by: TERMINAL DIGITS]
Personal Data - Privacy Act 1974 (PL-93-579)

Patient Name	FMP/SSN	Type	Rec #	Borrower
LEE, ASHLIEE	20/800-66-0305	INP1	6	SWASEY, JAMES MARTIN
BOSTWICK, BARRY	20/123-44-5555	INP1	7	SWASEY, JAMES MARTIN
Total: 2				

*** End of Report ***

Columns 71-132

Phone/Location	Since...	Days Overdue
123456789/	08Jun94@1654	5
123456789/	08Jun94@1656	5

The entries on the Loose Filing Report can be removed from the report when certain movements are performed on the record in the Transaction menu. Those movements are:

- Charge Out
- Check In
- Patient Check out
- Facility Transfer

When any of these movements are performed on a record with loose filings, users will be prompted:

UPDATE THE LOOSE FILING INDICATOR? NO//

If the user responds YES to this prompt, the LOOSE FILING INDICATOR field will be updated and the system will allow the user to proceed. If the user responds NO, the system will allow the user to proceed and will not update the Loose Filing Indicator.

Missing Records List Option

The Missing Records List displays records in the application which are either flagged as 'missing' or have been 'found pending supervisors approval'. The report is sorted alphabetically by patient name.

The creation of the Missing Records Report is restricted to a single record room. The system will default to the record room the user is currently in.

The report creation is restricted to record rooms in the user's current division. Within division, users have access to record rooms based on the security keys held by the user.

NOTE: This is a 132-column report. For the purpose of this IG, the report is broken at column 70 and presented in two sections.

Columns 1-70

PORTSMOUTH,VA Printed: 08 Jun 1994@1252 Page 1
MISSING RECORDS LIST
[Home Location: INPATIENT RECORD ROOM][Sorted by:TERMINAL DIGITS]
Personal Data - Privacy Act 1974 (PL-93-579)
for 29 Jan 1994 - 28 Jul 1994

Patient Name FMP/SSN Type Status

HOME LOCATION: INPATIENT RECORD ROOM

TYPE OF RECORD: INPATIENT
ROBINSON,CLINTON 20/000-00-5004 INP1 MISSING
Entered as missing: 14 Jun 1994 Entered by: DEMILLE,AGNES
Supervisor Comment: Last seen when sent to Cardiology Clinic

End of Report

Columns 71-132

Borrower History	Charged	Associated Borrower
ALLERGY CLINIC	27 Apr 1994@1105	BENNETT,MARNIE
HALL,CATHRYNE	08 Jun 1994@1322	MALO,SUSAN
CARDIOLOGY CLINIC	14 Jun 1994@1509	CHUNG,GAVIN

The missing records report is sorted in terminal digit order.

This report will be available to print in 132 format. The user must enter 132 if desired to print to screen but will automatically print in 132 format to a printer designated to print in 132 format.

Overdue Records List Option

The Overdue Records List is a report of records that are past due at their home location. The report may be run for a single home location or for a division. If the report is run by division, all home locations within the division that the user has access to (security key) are included in the report. Unless the user requests a terminal digit sort order the report lists records alphabetically by home location or by borrower.

The creation of the Overdue Records List is restricted to a single record room when sorted by home location. The system will default to the record room the user is currently in.

The user's current record room will be the default record room. Within the division, users have access to record rooms based on the security keys held by the user.

NOTE: This is a 132-column report. For the purpose of this IG, the report is broken at column 70 and presented in two sections.

Columns 1-70

PORTSMOUTH,VA Printed: 08 Jun 1994@1252 Page 1
OVERDUE RECORDS LIST
[Home Location: OUTPATIENT RECORD ROOM A] [Sorted by: BORROWER]
Personal Data - Privacy Act 1974 (PL-93-579)
for 8 Jun 1994 to 8 Jun 1994

Patient Name	FMP/SSN	Type	Rec #	Borrower

Borrower: INTERNAL MEDICINE (A)				
DAILEY,JOHN	20/000-00-1001	OUT1	37	INTERNAL MEDICINE
RAINES,WILLIAM	20/000-00-5005	OUT1	29	INTERNAL MEDICINE
BACKUS,JAMES	20/000-00-7012	OUT1	35	INTERNAL MEDICINE
LINN,GEORGE	20/000-00-4013	OUT1	32	INTERNAL MEDICINE
RANKIN,STEVEN	20/000-00-5014	OUT1	30	INTERNAL MEDICINE
Borrower subtotal: 5				
Borrower: SWASEY,JAMES MARTIN				
LEE,ASHLEE	20/800-66-0305	INP1	6	SWASEY,JAMES
BALDWIN,JOHN	20/000-00-7017	INP1	3	SWASEY,JAMES
FARRINGTON,BOB	20/216-45-4545	INP2	5	SWASEY,JAMES
Borrower subtotal: 3				

Total: 8

*** End of Report ***

Columns 71-132

Associated Borrower	Since...	Days Overdue

Phone/Location: (804)764-4422/rm3159		
RAHENKAMP,RUTH	20Jun94@1208	1
SWASEY,JAMES MARTIN	20Jun94@1210	1
SWASEY,JAMES MARTIN	20Jun94@1209	1
SWASEY,JAMES MARTIN	20Jun94@1210	1
RAHENKAMP,RUTH	20Jun94@1208	1

When the report is printed by division and sorted by terminal digit or name, it will also be sorted by home location. The report will page break after each home location.

The Overdue Report will calculate days overdue according to system parameters.

Pending Request List Option

The Pending Request List option is used to print a list of unprinted pending requests for a patient's records. The list may be printed with or without appointment requests. Multiple divisions are printed on a single list.

The creation of the Overdue Records List is restricted to a single record room. The system will default to the record room the user is currently signed into.

The report creation is restricted to a single record room in the user's current division. The current record room will be the default record room. Within division, users have access to record rooms based on the security keys held by the user.

NOTE: This is a 132-column report. For the purpose of this IG, the report is broken at column 70 and presented in two sections.

Columns 1-70

PORTSMOUTH,VA Printed: 08 Jun 1994@1252 Page 1
PENDING REQUEST LIST
[Home Location: OUTPATIENT RECORD ROOM A] [Sorted by: REQUESTOR]
Personal Data - Privacy Act 1974 (PL-93-579)
for 8 Jun 1994 to 8 Jun 1994

Patient Name	FMP/SSN	Rec Type	Rec #	Borrower
--------------	---------	-------------	-------	----------

Requested by: ALLERGY (A)

Date Needed: 20 June 94

FARBER, EDWARD	20/000-00-6018	OUT1	38	OUTPATIENT RECORD
LEVINE, ANN	20/222-33-3444	OUT1	31	OUTPATIENT RECORD
ELKINS, MICHAEL	20/555-55-5555	OUT1	33	OUTPATIENT RECORD
HOLLY, RONALD	03/142-55-9888	OUT1	39	OUTPATIENT RECORD

Date Needed: 22 June 94

SAIC/CHCS Doc. TC-4.4-0579
18 Sep 1995

BACKUS, JAMES	20/000-00-7012	OUT1	35	OUTPATIENT RECORD ROOM
LINN, GEORGE	20/000-00-4013	OUT1	32	OUTPATIENT RECORD ROOM
RANKIN, STEVEN	20/000-00-5014	OUT1	30	OUTPATIENT RECORD ROOM
FARBER, EDWARD	20/000-00-6018	OUT1	38	OUTPATIENT RECORD ROOM
CAMPBELL, ANA	20/800-59-0219	OUT1	36	OUTPATIENT RECORD ROOM
ELKINS, MICHAEL	20/555-55-5555	OUT1	33	OUTPATIENT RECORD ROOM

*** End of Report ***

Columns 71-132

Since...	Days Overdue	Associated Borrower
01Jun94@1208	30	RAHENKAMP, RUTH
20Jun94@1208	1	SWASEY, JAMES MARTIN
15Jun94@1210	5	SWASEY, JAMES MARTIN
10Jun94@1210	10	RAHENKAMP, RUTH

The report will display/print in this option in 132 character format. Where this report displays in transaction options such as OT, it will display in 80 character format minus the HOME LOCATION and FMP/SSN fields so that the screen doesn't flip between 132 and 80 display.